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WORK-RELATED STRESS AND COPING BEHAVIORS OF NURSE EDUCATORS

by

(C) AUDRIE SANDS

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

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James M. Small
Supervisor

Date July 2, 1985

ABSTRACT

Research regarding the role stress and coping behaviors of nurse educators has focused on faculty of baccalaureate and higher degree programs.

This study was undertaken to examine the work-related stress and the coping behaviors used to deal with that stress, by nurse educators in a diploma program of nursing education. Questions investigated included the frequency of occurrence and the stressfulness of specified situations; the frequency of use and effectiveness of certain coping behaviors; general perceptions of job satisfaction, work-related stress, and coping effectiveness. Professional, situational and personal demographic information was also obtained.

Circulation of a questionnaire to the faculty of a hospital diploma program resulted in a response rate of 89 percent.

The dominant themes of the situations considered most stressful were role conflict and role overload. The conflict was perceived to be between the educational and nursing aspects of the role.

A wide variety of coping behaviors were used and found effective by the study population. These behaviors were fairly evenly divided between actions directed toward the source of the stress, and those intended to reduce the stress or the potential for stress. The major findings of the study reflect the review of the literature.

The findings of the study have implications for nurse educators and administrators in diploma programs. Of particular import is the need for orientation and inservice education programs to reduce the potential for role conflict and role overload, and to encourage the use of numerous coping behaviors.

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CHAPTER 1

INTRODUCTION TO THE STUDY

Introduction

Stress is endemic in contemporary society; it is a factor in all aspects of life. Excessive stress is implicated as a causative factor in accidents and illness. Work-related stress is commonly attributed to many sources: relationships with others in the work place, either insufficient or excessive amounts of work, pressure of time, conflicts in perceptions of what the job entails, and inadequate qualifications for the job. These stressors may result in burnout, hampering worker effectiveness and productivity (Forney et al., 1982; McConnell, 1982).

How an individual responds to stress will depend on many psychosocial and demographic variables (Selye, 1976). Roskies and Lazarus (1979) consider knowledge of how people cope to be of more importance than knowledge of the stressors themselves. However "coping can never be assessed without regard to the environmental demands that create a need for it in the first place" (Lazarus, Averill & Opton, 1974:302).

Nurse educators are particularly vulnerable to work-related stress. Sources of this stress are identified by Smith (1979) as long hours of clinical instruction combined with classroom and committee requirements, pressure to improve academic credentials, professional commitments, constant curriculum revisions, maintenance of clinical practise skills, salary and holiday discrimination against faculty,

and lack of time for personal relationships. These stresses are confirmed by others (Lenhart, 1980; Mullane, 1977; O'Shea, 1982; and Rapson, 1982).

Coping measures used by nurse educators to deal with work-related stress have elicited little research interest. McKay (1978) has suggested that until nurse educators can identify and manage stress in themselves, they will be ineffective in facilitating their students understanding of their own stress, or that of their patients.

Reduced job satisfaction for the nurse educator may preclude a positive response to work-related stress. The scope of the role encompasses two professional disciplines, nursing and education. This wide scope may interfere with job satisfaction. While Steers (1981:306) concurs with the research findings that generally an increase in job scope is related to an increase in job satisfaction, he cautions that "increased anxiety and frustration (may result from) an inability to respond to the challenge" inherent in such a position.

Purpose

The purpose of this study is to examine the work-related stress and the coping behaviors used to deal with that stress, by nurse educators in a hospital diploma program of nursing education.

The assumption underlying the study is that nurse educators experience work-related stress and utilize identifiable coping behaviors to deal with that stress. The stress may effect job satisfaction. Perceptions of both the work-related stress, and the response to it, may be influenced by individual characteristics, by overall perceptions

of work-related stress and of coping effectiveness, and by job satisfaction.

Statement of the Problem

Some work-related stress is to be expected and may even be desirable for nurse educators to meet the requirements of their role. However some situations may produce excessive stress, and some behavioral responses to stress may be ineffective.

The following questions have been formulated to guide the study.

1. What is the frequency of occurrence and stressfulness of the various work-related situations?
2. What are the ten most frequent and the ten most stressful work-related situations?
3. Is there a relationship between frequency and stress of the work-related situations?
4. What is the frequency of use and effectiveness of the various coping behaviors?
5. What are the ten most frequent and the ten most effective coping behaviors?
6. Is there a relationship between frequency and effectiveness of the coping behaviors?
7. What is the distribution of overall job satisfaction among nurse educators?
8. What is the distribution of overall work-related stress among nurse educators?
9. What is the distribution of overall success in dealing with stress among nurse educators?

10. What is the relationship between job satisfaction, stress, and dealing with stress?
11. What nurse educator characteristics are associated with job satisfaction, stress, and dealing with stress?

Significance of the Study

Notable aspects of the study are its potential practical application and its contribution to a needed and slowly expanding body of literature. The practical application includes promoting the use of those coping behaviors deemed effective to expand individuals' coping skills. The study provides information that can be used in the development of orientation and inservice programs for nurse educators. The study provides a realistic basis for programs designed to reduce the incidence of stressful work-related situations, and to increase knowledge of coping behaviors perceived as effective. The study, although limited to one school, may be applicable to other schools, and to other occupations.

Research in nursing that is confined to diploma programs is rare. This is unfortunate because, according to the Alberta Association of Registered Nurses, eighty-six percent of nurses currently licensed to practise in this province received their professional education in such programs. This study, which will cast light on the work experience of nurse educators, might contribute positively to the educational programs of nurses.

Definition of Terms

Definitions of terms used frequently throughout the study are provided for clarity. Definitions of other terms are provided as

they appear in the study. The following definitions are representative of the literature.

Stress. Stress is defined as the experience of a whole range and mixture of unpleasant sensations resulting from pressures or overburdening demands: tension, anxiety, depression, frustration, and the feeling of being emotionally drained (Jankovic, 1983:9).

Work-related stress. This is the employee's affective response to the work situation.

Burnout. Burnout is seen as an end-product of work-related stress. It is "a syndrome of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern or feeling for clients" (Pines & Maslach, 1978:233).

Coping behaviors. This term refers to those actions intended to manage the stressful experience. Pearlin and Schooler (1978:3) describe these responses as serving to "prevent, avoid, or control emotional stress".

Coping behavior effectiveness. Coping behavior effectiveness is the nurse educator's report of the degree to which the coping behavior prevents, avoids, or controls the experienced stress.

Job satisfaction. This term refers to "an overall measure of the degree to which an employee is satisfied and happy in his or her work" (Feldman, 1976:436).

Nurse educator. A nurse educator is a registered nurse usually with baccalaureate or higher degree preparation, who is employed in a teaching or in a teacher-support position, at the faculty level in a program of nursing education.

University of Alberta Hospitals School of Nursing faculty. University of Alberta Hospitals School of Nursing faculty refers to all full and part-time instructors and those faculty whose roles are administrative but who are in staff rather than line positions. These nurse educators comprised the study group.

Design of the Study

Because of the paucity of research on the work-related stress and coping behaviors of nurse educators, the decision was made to conduct a study that would provide both qualitative and quantitative data. This was done by an extensive study of the faculty of one institution, rather than a survey of the faculties of several institutions. The sample population consisted of all full and part-time nurse educators at the University of Alberta Hospitals School of Nursing (UAH SON).

The research instrument was a questionnaire. The possibility that some of the questions could be misunderstood or have different meaning to different respondents (Kidder, 1980; Treece & Treece, 1973) was reduced by limiting the study to one setting, and by pretesting the instrument.

Analysis of data was done by programs in the Statistical Package for the Social Sciences (SPSS).

Limitations and Delimitations

Limitations. This study is limited to nurse educators employed at one hospital based school of nursing. It is possible that the findings apply only to this setting.

The nurse educators' perceptions of work-related stress may be affected by factors unrelated to the work place. This study makes no attempt to identify stress unrelated to the work place.

The fact that the researcher is known to the nurse educators in the study group may have influenced their responses, although every effort was made to ensure confidentiality.

Delimitations. The study reflects the views of the respondents at a given time, and as they perceive a specific work situation, and may not provide an accurate picture of stress actually experienced.

Organization of the Thesis

Chapter I introduces concepts of the study; the purpose of the study and the research objectives are outlined. The setting of the study and the methodology are indicated and its significance and limitations are described.

Chapter II is a review of the literature of aspects of stress and coping behaviors. The general discussion is followed by specific considerations of the literature on the work-related stresses and coping behaviors of nurse educators.

Chapter III provides the specific research questions, and methodology, elaborating on the development of the instrument and the collection of data. Statistical analysis is outlined.

Chapter IV discusses the findings of the analysis of the data.

Chapter V provides a summary of the study, the conclusions reached, and makes recommendations for future study.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

This study focuses on the nurse educators' work-related stress and the coping behaviors used to mediate that stress. This chapter is a selective review of the literature. The review is delimited to these major areas: an overview of general concepts of stress and integrative models of stress and coping; work-related stress with consideration of job satisfaction and burnout; work-related stresses of nurses and of nurse educators.

DEFINITIONS AND CONCEPTUAL MODELS

Hans Selye, the acknowledged 'father' of stress research, published his first article on the subject in 1936. Some forty years later, Morse and Furst (1979:5) estimated that Selye's first publication had been followed by over 110,000 others on the topic. Many more have been published since Morse and Furst's estimation.

Williams (1981:6) suggests that the number of definitions of stress almost equal the number of studies on the topic. This truth is illustrated by Lazarus (1966:27): "'Stress' is a generic term for a whole area of problems that include stimuli producing stress reactions, the reactions themselves, and various intervening processes." It is further illustrated by McLean (1974:104), in the summary of his discussion of the term. He determined stress to be "neither stimulus, response not intervening variable, but rather a collective term for an area of study." Earlier in his discussion, McLean (1974:98)

had stated that the term stress "... is used in such widely varying ways as to suggest we abandon the word entirely."

While mindful of the definitional concerns associated with stress, both Lazarus (1966) and Mason (1975) affirm the necessity for researchers to provide clarification of the particular perspective of stress under consideration. To address this concern two major conceptual models that are definitional sources of the term 'stress' are described. Integrative models of stress that include the concept of coping are then provided.

Engineering Model

McLean (1974:99) cites the engineering definition of stress as "a force applied that induces strain or deformation in that to which it is applied." In relating this concept to human behavior, McLean defines stress as "an extreme or noxious stimulus which generally results in certain physiologic change, behavioral change, perceptual change, etc. It produces both overt and intrapsychic coping efforts." Cox (1975:493) is more succinct. In this model "stress is firmly located in the stimulus characteristics of the environment. Stress is what happens to a person, not what happens within him."

Mason (1975:25) expresses the concern that this model does not consider individual differences such as past history and personality factors. However Cox (1975:493) identifies these individual characteristics as response aspects of the engineering model.

Kyriacou and Sutcliffe (1978:2) perceive another concern with this model. They claim that it does not consider the importance of the individual's perception and appraisal mechanisms in assessing

environmental stimuli. Another concern, the lack of consideration of the positive aspects of stress, is articulated by McLean (1975:100). He further affirms that "stress is often accompanied by, and indeed may be a necessary part of, the process of growth and change" (Taylor, 1967, cited in McLean, 1974:101).

Physiological Model

In the physiological model, stress is defined as "the non-specific response of the body to any demand made upon it" (Selye, 1974:14). This physiological stress response, the general adaptation syndrome, is a complex biological and physiological pattern by which the body prepares to adjust to the situation.

Concerns with this definition of stress are articulated by Mason (1975). He indicates that there have been no completely nonspecific responses identified, and that with habituation to the stressful situation, the individual's response will change.

Selye (1974:15), however, carefully differentiates specific responses (eg. our body's natural and specific response to cold is to produce more heat by shivering) from the nonspecific response to stress. The response is nonspecific in that "it requires adaptation to a problem, irrespective of what that problem may be." Whether the stress is positive or negative, the stress response will vary only with the intensity of the demand for adaptation. It is Selye's contention that some stress is necessary for each individual, indeed that the only state of man in which stress is absent, is death. Selye considers stress to be the wear and tear on the body as a result of being alive. Hiebert (1983:52) deems this concept too broad to be

of practical value, recognizing that virtually "everything a person does places some demand upon the body."

Integrative Models: Stress and Coping

Integrative models are so named because stress is viewed as an outcome of interaction between the individual and the environment, when the individual's judgement of the situation determines its stressfulness (Ivancevich and Matteson, 1980; Lazarus and Launier, 1978; Marshall and Cooper, 1979). Baum et al (1981) contend that the term stress pertains to a process. An integrative model encompasses this process. This type of model includes the nature of the stress, factors affecting the stress response including factors that may mediate or may exacerbate that response, and potential outcomes of the response.

The three integrative models discussed in this study are: the transactional model; the framework for stress proposed by Hiebert (1983); and the model of teacher stress formulated by Kyriacou and Sutcliffe (1978). The transactional model is a general statement of a model that has been developed and/or adapted by numerous researchers. These include Antonovsky (1979); House (1974); Lazarus (1966); and McGrath (1976). Heibert's conceptual framework exemplifies a simple but specific tool from which strategies to reduce stress can be identified. Jankovic (1983:26) aptly describes Kyriacou and Sutcliffe's model of teacher stress as "a synthesis of other models of stress."

Transactional model. The transactional model of stress focuses on the interaction, within the individual, between perceptions of environmental demands and perceptions of ability to respond to those

demands. Cox (1975:494) contends that "according to this approach stress arises whenever there is an imbalance between the person's perception of the demand placed on him by his situation, and his ability to cope, when failing to cope is important." Cox notes that stress, the imbalance between perceptions of demands and perceptions of coping abilities, is characaterized by behavioral, physiological and subjective responses.

This view of the transactional model is supported by McGrath (1976:1352), who states "... there is a potential for stress when an environmental situation is perceived as presenting a demand which threatens to exceed the person's capabilities and resources for meeting it, under conditions where he expects substantial differential in the rewards and costs from meeting the demand versus not meeting it."

Jankovic (1983:20) observed that, in the transactional perspective, "stress is defined with respect to both environmental and individual factors and, more importantly, with respect to mediating personal mechanisms." These personal mechanisms or coping behaviors are a major component of this model.

Antonovsky (1979) and Katz et al. (1971) support this model of stress. They also agree that the meaning the individual attributes to the situation is the most significant variable, and that the meaning of the situation can affect the individual's response.

A framework for stress. A conceptual framework that combines the physiological and transactional models of stress and the stress response was developed by Hiebert (1983). He considers the traditional

models to be of limited use because their narrow perspectives provide inadequate or inappropriate focus, or lack specificity.

Hiebert (1983:52) defines stress as a "complex reaction to a situation that exceeds a person's self-perceived ability to cope with that situation." According to Hiebert, "stress results from the interaction between personal factors (genetic pre-disposition, idiosyncratic perceptions, repertoire of coping skills) and environmental factors (e.g. task difficulty, amount of adversiveness, degree of uncertainty)."

Hiebert concurs with Lazarus' (1974) contention that there are three components of the stress reaction, these being the physiological, cognitive, and behavioral aspects. The physiological component corresponds to the general adaptation syndrome. The cognitive component, which relates to Cox's (1975) subjective response, is the assessment of the significance of the threat presented by the situation or by perceptions of coping abilities. According to Heibert (1983:52) "a stress reaction is usually accompanied by cognitive activity that misrepresents the situation by overexaggerating the degree of threat or demand involved, and denigrating the individual's coping attempts." The behavioral component of such a reaction is demonstrated by various tics and tremors, in hyperactivity, and in behavior that is indicative of time pressures. The stress reaction will abate if coping abilities are perceived by the individual to be effective, or if the stress is transitory. If the response persists (i.e. coping abilities are deemed to be ineffective, the stress persists) there is a state of

chronic stress with potential for organ malfunction. A model of this process is presented in Figure 1.

Hiebert's definition deals with the negative aspect of stress, which he considers the source of the individual's typical response. Positive stress, as described by Selye, is not considered by Hiebert to be stress, but the cause of "heightened arousal." Hiebert emphasizes that stress must include the individual's perceptions of ability to cope with the situation, as well as perceptions of the situation itself.

Hiebert (1983:54) identifies the demand made upon the individual and the attempt of the individual to cope as the special attributes of this model. These attributes provide major indicators for the direction of stress management strategies. The strategies are directed towards changing either the stressor or the individual's reaction to it.

A model of teacher stress. An earlier integrative model in stress research is that developed by Kyriacou and Sutcliffe (1978). It specifically considers stress in school teachers. This model was adopted by Williams (1981) in her study of the organizational stress of teachers. It was also used by Jankovic (1983) in his research, part of which was the prototype for the present study.

Kyriacou and Sutcliffe (1978:5) describe their model as one which "conceptualises teacher stress as a response syndrome mediated by an appraisal of threat to the teacher's self-esteem or well being and by coping mechanisms activated to reduce the perceived threat." The model defines teacher stress as "a response of negative affect (such as anger or depression) by a teacher usually accompanied by

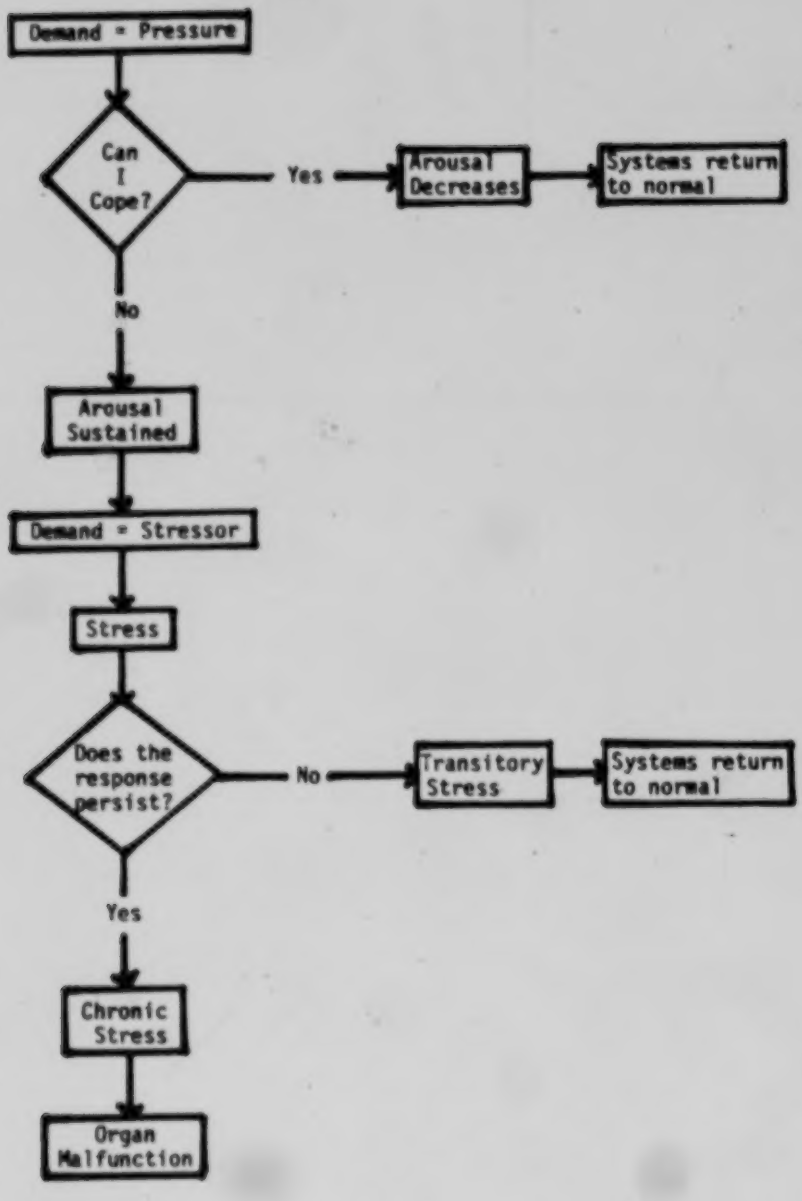

Figure 1

A Framework for Stress

(Hiebert, 1983:53)

potentially pathogenic physiological and biochemical changes (such as increased heart rate or release of adrenocorticotrophic hormones into the bloodstream) resulting from aspects of the teacher's job and mediated by the perception that the demands made upon the teacher constitute a threat to his self-esteem or well-being and by coping mechanisms activated to reduce the perceived threat" (Kyriacou and Sutcliffe, 1978:2). This model is illustrated in Figure 2.

In their model, Kyriacou and Sutcliffe identify the difference between potential work-related sources of stress and actual work-related sources of stress. This difference lies in the perceptions of the teacher. If these potential stressors are appraised as a threat by the teacher, they become an actual work-related stressor. The perceptions of the potential stressor are mediated by the characteristics and actual coping behaviors of the individual. Individual characteristics include biographical details, personality traits, higher order needs, system of beliefs, attitudes and values, and perceptions of ability to cope with the stressor. It must be noted that these latter perceptions may not be reflected in actual coping ability. Included in the appraisal is consideration of potential stressors unrelated to the workplace.

Kyriacou and Sutcliffe also differentiate between physical and psychological potential work-related stressors. Physical stressors are those aspects of the environment that may present a threat to the individual. Examples include high noise levels and inappropriate lighting. Psychological stressors in the work place may include contentious peer relationships, or unrealistic demands of superiors.

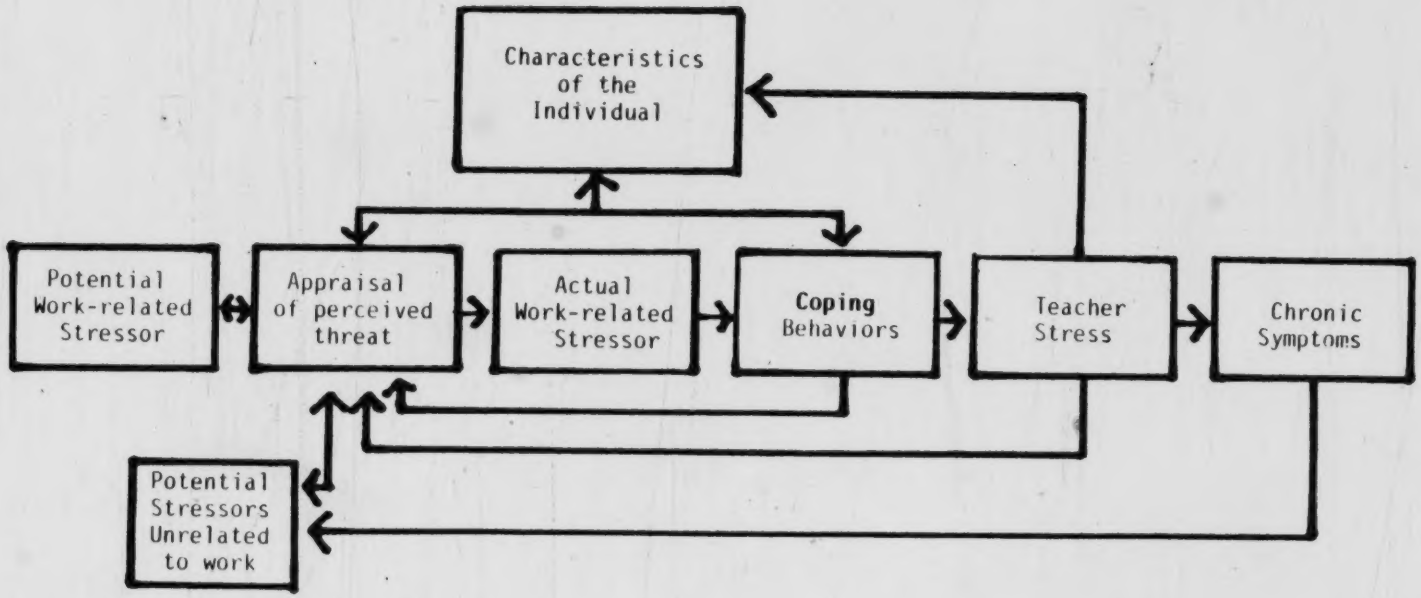

FIGURE 2

A Model of Teacher Stress

(Adapted from Kyriacou and Sutcliffe, 1978:3)

Kyriacou and Sutcliffe (1978:4) recognize that some work-related stressors may provide a combination of both physical and psychological aspects, marking numerous examination papers being an example of such a combination.

If the potential work-related stressor is appraised as being a threat to the individual, it is then referred to as an actual work-related stressor. Kyriacou and Sutcliffe (1978:4) support the concept that stress is a result of a discrepancy between demands and perceived ability to meet those demands, when success or failure is important to the individual. They make the careful distinction that "actual occupational stressors are conceptualized as a subset of potential occupational stressors, not what potential occupational stressors become ... actual occupational stressors are still firmly located in the teacher's environment, but are perceived differently (in constituting a threat) from the remainder of the set of potential occupational stressors."

Coping mechanisms, which are partly determined by the individual's characteristics, are utilized to deal with the actual work-related stressors. Teacher stress is conceptualized as being "directly related to the degree to which the coping mechanisms are unable to deal with actual stressors, and the degree to which the teacher appraises threat" (Kyriacou and Sutcliffe, 1978:4).

Stress may result in health problems, which may then become a source of stress unrelated to work. Potential stressors unrelated to work, such as health problems and life crises, also affect the appraisal of the perceived threat of potential work-related stressors.

Integration of the physiological and transactional models of stress is implicit in the model developed by Kyriacou and Sutcliffe. The appraisal aspect of the model incorporates the interaction between the environment and perceptions of ability to cope. The physiological and biochemical changes that are initiated by stress are recognized as potential sources of health problems.

This model, like the physiological model, does not differentiate between positive and negative sources of stress although the actual definition refers to stress in essentially negative terms. This pejorative view of stress as distress is common in popular writing on the subject. It is from this perspective that Jankovic (1983) developed his definition of stress.

School principal stress: Associated factors. Jankovic (1983:68) adopted Kyriacou and Sutcliffe's model of teacher stress for his investigation of the organizational stress of school principals. He deemed the model to be acceptable because "(1) it is sufficiently general to serve equally well as a model for educational administrator stress, (2) it incorporates both the 'transactional' and 'physiological' perspectives of stress, and (3) it is based on current approaches to research in the stress process."

For simplicity and clarity in data collection, Jankovic (1983:9) defined stress as "the experience of a whole range and mixture of unpleasant sensations: predominantly tension, anxiety, depression, frustration, and a feeling of being emotionally drained resulting from pressures of overburdening demands."

Jankovic (1983:52) espoused Lazarus' (1974) theory that there are two ways in which individuals cope with stress: direct-action processes and palliative activities. "Direct-action coping techniques encompass all individual behaviors, whether effective or ineffective, that are directed by the individual to deal with potential sources of stress. Palliative coping activities are aimed at changing the individuals' appraisal of stress associated with situations and demands."

Jankovic's study involved fifty school principals that were representative of the distribution of principals in an urban Alberta school district. All principals responded to questions pertaining to demographic and environmental data, perceptions of overall stress, sources of stress, coping behaviors, and to determinants of behavior.

WORK-RELATED STRESS

Margolis and Kroes (1974:15) define work-related stress as "the condition in which some factor, or combination of factors, at work interacts with the worker to disrupt his psychological or physiological homeostasis." The interaction of the factors will affect individuals differently. If the interaction results in marked stress for the worker, there is poor "person role fit" (French, 1974:70).

Margolis and Kroes (1974:15,16) have identified five dimensions that they believe measure the effects of work-related stress. The first includes anxiety, anger, and feelings of tension. These are of short duration, and are specific situational responses as compared to the second dimension: chronic psychological responses. Included are chronic feelings of depression, fatigue, general malaise and

alienation. The third dimension provides for the objective measurement of physiological variables indicative of psychological stress. Changes in the levels of blood lipids and catacholamines, and in blood pressure and gastrointestinal motility are transient but measureable responses to stress. They may contribute to the development of the fourth dimension: decreased health status. The fifth dimension is deterioration in work performance, specifically in decreased productivity and increased errors.

Cooper and Marshall (1977:51) confirm the foregoing. They describe three symptoms of work-related stress. The first, low productivity, is exemplified by the worker who performs just enough work to avoid confrontation. Motivation, enthusiasm and creativity are lacking. The second manifestation is high absenteeism. Absences are usually due to non-specific illnesses, especially those engendered by stress. The third symptom is high staff turnover.

Kahn, Wolfe, Quinn and Snoek (1964) and French and Caplan (1972) note that factors affecting work-related stress may be mediated by the individual's personality and response to stress. Steers (1981:353), however, identifies the personal characteristics of the individual as major factors causing stress at work. The influences Steers identifies include rate of life changes, abilities and needs, and such personality traits as flexibility/rigidity, and introversion/extroversion.

Sources of Work-Related Stress

There are numerous sources of work related stress. The most common stressors are included in the role stress factors of role

conflict, role overload, and role ambiguity (Rizzo et al., 1980; Steers, 1981; Van Sell et al., 1981). Role conflict occurs when a position entails inconsistent or contradictory demands (Schwab and Iwanicki, 1982; Steers, 1981) or, more precisely, "incongruity of the expectations associated with a role" (Van Sell et al., 1981:44). Role overload describes role requirements beyond the individuals' time and/or abilities (Steers, 1981). French and Caplan (1972) describe role overload as either qualitative or quantitative. That is, the work to be done is beyond the role occupant's skill, ability or knowledge, or there is an excessive amount of work to be done. Role ambiguity is experienced when the individual has inadequate, unclear and/or inconsistent information regarding the expectations, performance, or consequences of the role (Rizzo et al., 1970; Steers, 1981; Van Sell et al., 1981). Other common stressors include poor interpersonal relationships in the work place, level of responsibility, and low self-actualization (Cooper and Marshall, 1976; French and Caplan, 1973).

Effects of Work-Related Stress

Some of the effects of work related stress have been indicated earlier in this discussion. They include immediate and chronic psychological responses, physiological changes resulting in decreased health status, and deterioration in work performance (Margolis and Kroes, 1974). Work-related stress has also been implicated as a precipitating factor in reducing job satisfaction, and in worker burnout.

Job Satisfaction. Herzberg, Mausner and Snyderman (1959) developed a two-factor theory of job satisfaction. According to this theory, motivating factors contribute to job satisfaction while hygiene factors lead to job dissatisfaction. Motivating factors relate intrinsically to the job itself. They include challenging work, achievement, recognition for accomplishment, advancement, and increased responsibility. Hygiene factors are related to the job context and are considered extrinsic or environmental. Hygiene factors include salary, working conditions, supervision, administration, and security. Subsequent studies (Friedlander, 1964; Hinrichs, 1970; and Schultz, 1973) have tended to confirm the factors identified by Herzberg as causing satisfaction or dissatisfaction, but have not supported the contention that this contribution is exclusive.

Herzberg's theory is in essential agreement with the theory of human motivation first presented by Maslow in 1943, and expanded by him in 1954. Maslow's theory, based on a hierarchy of needs, has been applied to investigations of job satisfaction (Porter, 1961; Slavitt et al, 1978; Wassenaar, 1974).

The needs described by Maslow are, in ascending order, physiological, safety, social, ego, and self-fulfillment. Physiological and safety needs relate to Herzberg's "hygiene factors", while the higher level needs related to "motivating factors". According to Maslow (1954), satisfaction of lower level needs activates higher order needs, which then serve as motivators for achievement.

There appears to be an inverse relationship between job satisfaction and work-related stress. Studies reported by

Kahn et al (1964), Steers (1981), and French and Caplan (1972) found that individuals experiencing higher degrees of role ambiguity and role conflict report lower job satisfaction and higher job-related tension. These studies also identified the prevalence of role overload. French and Caplan (1972) determined that overload produces psychological and physiological stress on the individual.

Burnout. Failure to cope effectively with work-related stress may result in burnout. According to Maslach (1979:113) this syndrome is characterized by physical exhaustion and/or illness, and by "emotional exhaustion in which the professional person no longer has any positive feelings, sympathy, or respect for patients or clients." Maslach (1978:115) contends that "burnout is best understood (and modified) in terms of social and situational sources of job related stresses."

Edelwich and Brodsky (1980:15-20) recognize that burnout results from frustrations of noble aspirations and high initial enthusiasm; lack of criteria for measuring accomplishment; low pay; upward mobility primarily through administrative channels; sexism; inadequacies in funding and institutional support; inefficient use of resources; and high public visibility accompanied by popular misunderstanding and suspicion. Kahn (1978) relates burnout to role conflict and role ambiguity. This would agree with Maslach's implication of situational factors, and is supported by some of those stressors identified by Edelwich and Brodsky. Schwab and Iwanicki's (1982) investigation of the relationship of role conflict and role ambiguity to teacher burnout supports Kahn's contention.

WORK-RELATED STRESS IN NURSING

Nursing has been the focus of considerable research on work-related stress, and on burnout, an end-product of that stress (Clark, 1980; Kramer, 1974; McConnell, 1982; Patrick, 1979; Sanders, 1980; Shubin, 1978; Storlie, 1979). Researchers have sought to identify the work-related stresses of such diverse groups in nursing as oncology nurses (Patrick, 1981; Arcand, 1982), nephrology nurses (McMinn, 1979), and critical care nurses (Hay and Oken, 1972; Jacobson, 1979; Oskins, 1979).

Cowden (1978) describes the evolution of the nurse's role with resultant conflict between the traditional nursing ideal and modern nursing practise. This conflict exists within the profession, as well as externally. Nursing is determined to establish and maintain its professional independence, yet much of the practise of nursing is influenced and, to some degree, limited by the practises of others. Gow (1982:2) supports Cowden, and identifies another hindrance to the professional identification of this predominantly female group. In describing her colleagues she states that nurses "are immature as professionals because we have never had the chance to develop as autonomous human beings, free from the constraints put upon us by traditional female roles and the nursing profession to date."

Scully (1980) describes stress in nursing in terms of where it is practised, what it encompasses, and how it is performed. The majority of nurses practise their profession within the confines of an institution. The organizational system of the institution, with the necessary interdependent functioning of its components, is a

potential source of stress for nurses. Rosenow (1983:34) elaborates on the sources of stress within the health care bureaucracy. She identifies "nurses' lack of decision-making opportunity, the lack of power in the health care system, and the professional/bureaucratic conflict experienced at work" as major impediments to professional nursing practise. One of the foremost causes of stress over which nurses have little direct control is inadequate staffing (Scully, 1980; Wolf, 1981).

"The very 'what' of nursing -- patient care -- may in and of itself be stress producing" (Scully, 1980:913). Nurses are required to do routinely what much of the general populace considers demeaning, repugnant, or threatening. Nurses deal with various body exudates, touch strangers physically and emotionally in the most private areas, and frequently confront the greatest fear of our culture: death. While work-related stress is high in all areas of nursing, it has been determined to be highest in those areas of nursing practise where death occurs frequently (Godfrey, 1978; Kramer, 1974).

In her analysis of the nursing role, Rosenow (1983:37) determined that "carrying out or assuring that the orders and directives of others are carried out is the key nursing function. This role conflicts with the role espoused by schools of professional nursing." In their basic nursing education, nurses are taught that the patient is the most important person in the hospital. Maintaining this focus while ensuring that the physician's orders are carried out, and the routines of the hospital are adhered to, is inherently stress-producing.

The 'how' of nursing involves maintaining a high level of theoretical knowledge, interpersonal skills and psychomotor skills. The nurse must maintain competence in an area of rapidly expanding knowledge, increasingly sophisticated equipment, and in legal and ethical situations of unprecedented complexity. Nursing is usually practised as a group rather than an individual effort. The norms of the group, such as its written and unwritten rules and lines of communication, must be learned by newcomers to the group. These norms are subject to change as group membership changes. Nursing staff has a high turnover rate, so changes are frequent. The rapid turnover rate is supporting evidence of the stress in nursing (Kramer, 1974; Wolf, 1981).

To Scully's 'where, what and how' must be added 'when'. Nurses usually work a series of rotating shifts that may include sets of eight hour day, evening, and night shifts, or may be alternating twelve hour day and night shifts. Working at least two weekends out of four is a fact of nursing life. This rotation interferes with the nurse's physical health and social relationships (Kramer, 1974). It reduces her ability to become involved in long term activities, taking continuing education courses being but one example. The usually arbitrarily assigned shift schedule also impacts negatively upon the individual's perception of control over her own life, and is a major factor contributing to dissatisfaction in nursing (Wolf, 1981).

Johnson (1983:xiii), in her forward to Lachmann's work on stress management for nurses, summarizes the work-related stress of nurses. "The strains rooted in the conflicts of the changing role of women,

the pressures for cost-effectiveness in health care, and disagreements on what the nurse does all result in a unique pattern of job stress. Nurses, while exerting their own expertise and independence, have to deal with others who expect them to do what they are told. They are expected to get more work done, more efficiently, and often with less staff in order to reduce the cost of health care. Finally, nurses must deal with the role conflicts engendered by others' expectations, since there is wide diversity of opinion within and without the nursing profession as to what the nurse should do."

WORK-RELATED STRESS OF NURSE EDUCATORS

A review of the literature failed to reveal research specific to the work-related stress of nurse educators in diploma programs. There are, however, some studies that consider the stresses of nurse educators in baccalaureate and higher degree nursing programs. These stresses will be discussed first in an adaptation of Scully's (1980) framework: where, what, how, and when. This will be followed by a consideration of other pertinent studies.

The professional practise of nursing education takes place in two venues: the educational institution and the clinical facility. Williamson (1972) describes a major concern for the nurse educator as the problem that the educational institutions have in achieving congruent external and internal organizational structure. Smith (1979:521) identifies the organizational stresses of nurse educators as being pressure to improve academic credentials, to maintain clinical practise skills, and the salary and holiday discrimination against nursing faculty.

The position of the nurse educator in the clinical facility, usually a hospital, has been described by Glass (1975:178) as that of "a guest in the house." The socially defined role of 'guest' may interfere with both 'nurse' and 'educator' roles.

Snoek (1966) identifies the individual's need to exert influence without having legitimate authority as a factor in role stress. The status of nurse educators in the clinical area is generally equated to that of head nurse, or nursing unit supervisor. Nurse educators have, however, little or no authority in the clinical setting, yet may be in a position to identify needed change in the clinical area. The very space occupied by nurse educators may be a contentious issue. In hospitals, space is always at a premium (Glass, 1975:182).

In their study exploring role stress factors for administrators in public agencies, Roger and Molnar (1979:598) report that "interorganizational variables tended to account for the largest amount of variance in role conflict." Role conflict is significantly increased for administrators when "other organizations block their access to resources" (1976:605). For the nurse educator, the resource is the clinical learning experience for her students. Nurse educators often experience difficulty in the scheduling of students' assignments to meet their educational needs (Glass, 1975).

What Glass (1975:185,187) terms 'temporality' is a stressful factor in the interaction between the nurse educator and the clinical facility. This time factor relates to the scheduling of student experiences and to the presence of that instructor during these experience. There is pressure to ensure that the scheduled experience

does not in any way interrupt the 'system'. Student or instructor absence from the clinical setting at a time when they are expected is seen as having potentially "devastating repercussions for the teacher."

Mistakes that can be made by either the nurse educator or the student are another source of stress identified by Glass (1975:187,188). She identifies three types of mistakes: performance, social and educational. Mistakes of any type are of concern to the nurse educator and could be sufficiently serious to "jeopardize the status of the teacher" in the clinical facility.

Cooper and Marshall (1977) describe stressors for workers as being related to time and deadlines, and to rapid technological and theoretical change. Bomar (1982:31) provides examples of such pressures for nurse educators. She lists them as "(a) grading reams of student papers, (b) meeting deadlines for tests, getting tests graded and performance evaluations written, (c) completion of course and curriculum revisions, and (d) counselling students about their performance (theory and practise)." Kramer (1974:225) reiterates the concern of curriculum change. She believes that "many nursing education programs are in a constant state of revision. Sometimes it appears that inordinant amounts of faculty time are spent in meetings concerned with curriculum development and revision."

The stresses that exist for nurses in maintaining clinical practise skills are also present for the nurse educator. Other stresses identified by McCarthy (1981:163) are those economic and social imperatives that promote the regular clinical practise activities

of nurse educators. McCarthy recognizes that the economic incentivies are spurious due to inadequate financial arrangements between the educational and clinical institutions. The social imperative of improved patient care is also of dubious credibility. McCarthy (1981:163) considers it a falacious contention because nurse educators "correctly assume that they are improving the quality of care ... by educating the next generation of providers."

McCarthy (1981:163) describes nurse educators as the "current victims" of the profession's attempt to vest groups of people within nursing with expectations of perfection. The tremendous pressure of the profession on nurse educators is exemplified by Kramer's (1974:225) contention that faculty of schools of nursing are "charged with the responsibility of preparing the nurses of tomorrow, the future of the profession is in a sense in their hands."

Rapson (1980:3) believes that "nurse faculty are particularly vulnerable to multiple task conflict and ambiguity because of the degree of change that is occurring within the profession." She sees the professional role of the nurse educator as "frequently pluralistic and conflicting in terms of task behavior and multiple objectives. Also the diffusion of activities seems to be associated with role overload and lack of clarity." (1980:2)

Williamson (1972) notes the potential for role conflict between the educational role and traditional nursing roles. O'Connor (1975) concurs that education, a second profession for the nurse educator, is a major source of conflict. She identifies other sources of conflict

for nursing faculty as internal, faculty/faculty, faculty/student, and faculty/administration.

A study that examined the professional autonomy and work satisfaction of nurse educators was conducted by Grandjean, Aiken and Bonjean (1976). The most important aspects of the job, as rated by those surveyed, were considered to be teaching, supportive colleagues, keeping clinical knowledge current, and faculty autonomy. All were perceived as providing a low level of work satisfaction. Lack of faculty participation in decision making was a particular source of dissatisfaction.

The work-related stressors of nurse educators has been summarized in Figure 3. Indication is made of the major areas of role ambiguity, role overload, and role conflict to which these stressors primarily correspond. Some stressors cannot be readily categorized. Retaining clinical competency, for example, has major implications for both role overload and role conflict. The work-related stress of nurse educators is compounded by the duality of professional disciplines.

Coping Behaviors of Nurse Educators

Minimal research interest has been focussed on the coping behaviors used to deal with the work-related stress experienced by nurse educators. The one study that considered coping behaviors involved baccalaureate and higher degree nursing faculty. Bomar's (1982) study used a ten item coping strategies list developed by Burke (1971) and refined by Howard and Rechitzer (1975). That scale was developed in large business organizations. It focused on two major aspects: physical and psychosocial activities. The physical activities included

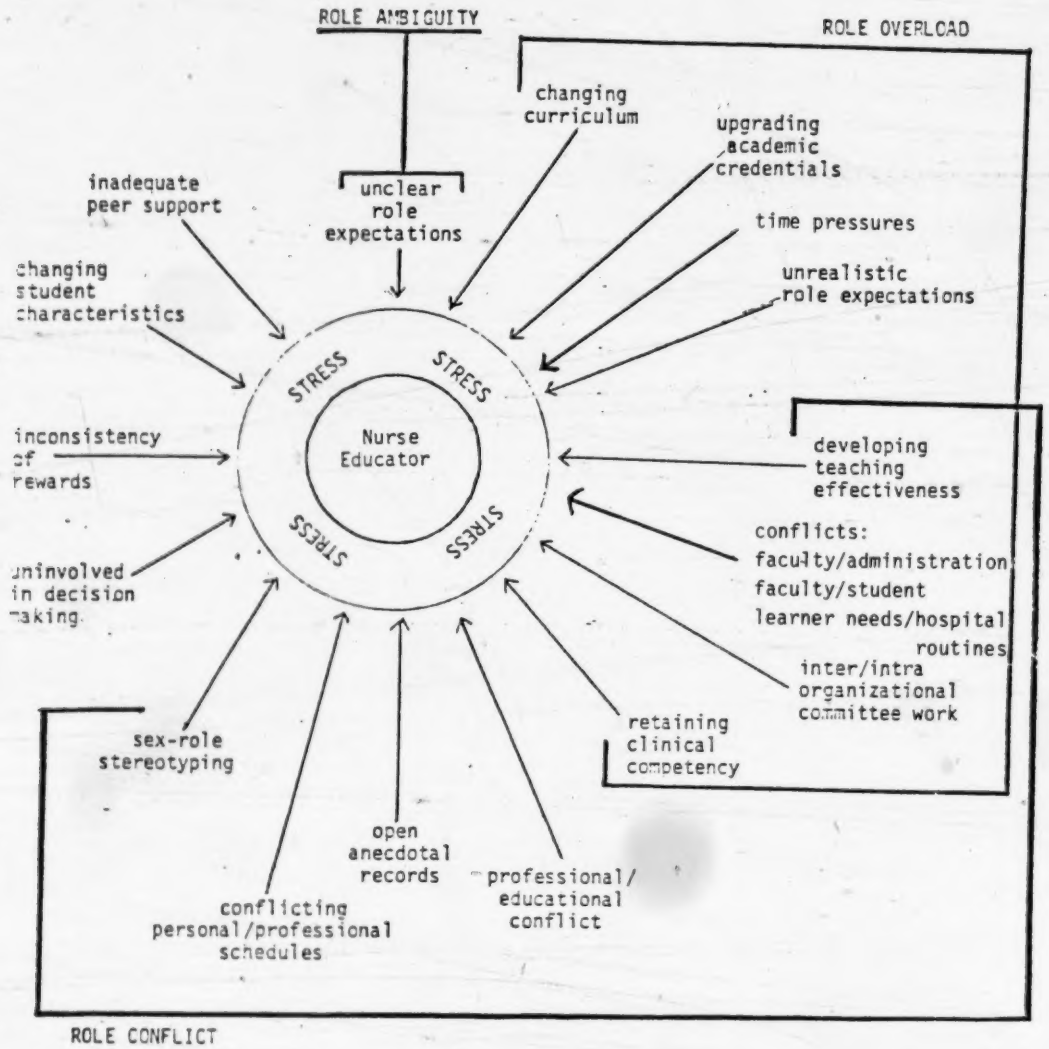

FIGURE 3

WORK-RELATED STRESSES OF NURSE EDUCATORS

physical exercise, working harder and good health habits. Psychosocial activities involved talking with others, changing approaches to the problem, and compartmentalizing work and non-work activities.

Bomar (1982:59) added five items that were described as either "letting-go" behaviors or the use of the chemicals. Letting-go behaviors indicated "the process of emotionally releasing a stressful situation and turning inward or to a relaxing activity." Chemical behaviors refer to ingesting food, alcohol or tranquilizers, or to cigarette smoking and gum chewing.

Summary

This chapter has provided a review of the literature and research relevant to the central concepts of the study. The review has encompassed general models of stress and specific models that include consideration of coping behaviors. The sources and effects of work-related stress have been described. A discussion of the literature pertaining to the work-related stress of nurses and of nurse educators has exemplified these concepts.

The discussion of concepts of stress has revealed the development of stress research through the engineering, physiological and integrational models. The latter models are of particular interest because of their inclusion of coping behaviors. Stress occurs when demands are made of an individual that exceed that individual's perception of ability to respond to those demands, when responding effectively is important. Two integrative models of the stress process were explored. The first, Heibert's (1983) framework for stress, provided a tool to identify the stressor in terms of either the demand

made upon the individual, or the attempt of the individual to cope. The second model, Kyraicou and Sutcliffe's (1978) model of teacher stress, incorporated other perspectives of stress research. It provided the conceptual framework for Jankovic's study of school principal stress, and was adopted as the model for this study. The definition of stress developed by Jankovic and a description of his study was provided.

Work-related stress was discussed and its major sources identified. These included role conflict, role ambiguity, role overload, poor interpersonal work relationships, level of responsibility, and low self-actualization. The essentially negative effect of work-related stress on job satisfaction was described, as was burnout, an end product of such stress.

The literature regarding the work-related stress in nursing was reviewed. These stresses relate to the health care bureaucracy in which nursing is practised, the ongoing discussion and disagreement of what nursing actually encompasses, and the changing societal expectations of women.

Nurse educators face the stresses common to teachers and to nurses. Added to this is the potential for conflict between the educational and nursing roles. There is also the additional stress of the nursing profession's unrealistic expectations of the nurse educator.

Studies identifying work-related stresses and coping behaviors have been limited to baccalaureate and higher degree nursing programs. No such studies were identified that related to nurse educators in hospital-based diploma programs. The need for the present study is

clearly indicated by the lack of such research relevant to this large group in nursing education.

CHAPTER 3

INSTRUMENTATION AND METHODOLOGY

The research methodology of the study is provided in this chapter. The development of the instrument, including the pretesting of the instrument is described. The data collection procedure and the treatment of the data are described.

INSTRUMENTATION

Development of the Instrument

A review of the literature failed to reveal a validated and reliable instrument for the identification of sources of work-related stress, or the coping behaviors used to deal with that stress, for nurse educators in hospital diploma programs. In an investigation of the job stresses and coping behaviors of nurse faculty members of baccalaureate and higher degree programs of nursing education, Bomar (1982) utilized instruments developed by others, with some adaptation. The twenty-two item Job-Related Tension Index developed by Kahn et al. (1964) was the measurement of perceived job stress. In researching the multiple-task role requirements of nurse educators to determine if they were a source of role ambiguity, role overload and role conflict among university nursing faculty, Rapson (1980) relied on the Multiple Task Questionnaire developed by Weisbord, Lawrence, and Charns (1978), and on the Role Conflict and Ambiguity Scale developed by Rizzo, House and Lirtzman (1970). These instruments were considered but were rejected for the lack of specificity in situation identification. That is, these instruments were designed for

administration in any work situation. The purpose of the present study was to identify specific situations and behaviors.

The design of the instrument used in the present research was modeled, in part, after that developed by Jankovic (1983). Jankovic had developed his original questionnaire in 1981 to investigate sources of stress for school principals in Australia. That instrument was revised for the Alberta context in 1983, utilizing input from practising principals and from the Project ASK Instrument, Tasks of the Alberta Principal (Caldwell, Magnan and Maynes, 1980), as well as other recent research. In the 1983 study, an expansion of his earlier work, Jankovic used both interviews and a questionnaire to determine factors associated with the work-related stress of school principals.

Both these methods have appeal in this type of exploratory research. The decision to use a questionnaire was based on the anticipated increased confidence in their anonymity for the respondents. According to Kidder (1980:148), they would "feel freer to express views they fear might be disapproved of or might get them into trouble." The respondents in this study would not be entirely restricted to the specific areas identified by the researcher, a disadvantage Kidder associates with questionnaires. The respondents are asked to identify other work-related situations they find stressful, and other coping behaviors used to deal with work-related stress.

The stress-producing situations listed by Jankovic were considered to be comprehensive and representative of many work situations. The items that were specific to the school principal's situation had parallels in other work experiences. The work-related situations deemed

stressful for nurse educators elaborated upon in Chapter II, specifically those identified by Bomar (1982), Fry (1975), Lenhart (1980), Mullane (1977), O'Connor (1975), O'Shea (1982), and Rapson (1982), were matched with the situations identified by Jankovic or used to elaborate certain items. Other situations, such as sex-role stereotyping (Sanders, 1980), are in the general literature on stresses in nursing. In summary, thirty items identifying stress-producing situations in the questionnaire developed by the researcher were adapted or expanded from Jankovic. The remaining seventeen items were derived from the literature on stresses for nurses or for nurse educators. Jankovic's twenty-four coping behavior items included or expanded most of those items in Bomar's scale. Jankovic's items had been reported in major studies of coping: Dewe et al., 1979; Kyriacou, 1980; and Crowson and Porter-Gehrie, 1980.

Twenty of the coping behavior items listed in the present instrument were developed from Jankovic's scale. Other items were developed from the nursing literature. Of particular interest were the suggestions for coping with burnout provided by Maslach (1978), McConnell (1982), Patrick (1979), and Sanders (1980). Coping behaviors identified for other groups within nursing (oncology nurses, Molyneux, 1983; ICU nurses, Oskins, 1979; and nursing administrators, Clark, 1980) substantiated the additional items in this instrument.

Information was also requested about the respondents' general perceptions of job satisfaction, degree of work-related stress, and success in dealing with stress. While recognizing that general measures of such an item as job satisfaction may be inadequate in the

identification of specific outcomes of role stress (Van Sell et al. 1981), these general perceptions provided insight into the responses of the participants of the study.

The demographic information was obtained in an attempt to determine if the personal, professional or situational variables of the study group of nurse educators affect perceptions of stress in the work situation, or of how that stress is managed. These variables are:

professional:	basic nursing education highest educational attainment experience in nursing other than nursing education experience as a nurse educator prior to present employment
situational:	employment status length of time employed level at which currently employed percent of usual work week in clinical teaching
personal:	age

Initially a two-phased questionnaire was developed. The first phase would determine the situations most stressful to nurse educators, and the frequency of occurrence of these situations. The second phase was to be administered one month after the first phase. It would identify the frequency and effectiveness of coping behaviors, and would attempt to identify the specific behaviors that were used to cope with the most significant stressful situations, as identified on the first phase of the questionnaire. This instrument was then pretested.

Pretesting the Instrument

The purpose of the pretest was to identify problems in relevance in the wording or in the directions of the instrument. The original questionnaire was circulated to seven individuals who had formerly

been employed as clinical instructors at the University of Alberta Hospitals School of Nursing. This number was selected using the criterion that pretests should represent roughly ten percent of the test population (Treece and Treece, 1973). The participants in the pretest were representative of all levels in the School's program, and of a variety of nursing and educational programs.

The responses to the pretests provided useful information, particularly in improving the clarity of wording of the work-related situations. The pretests also demonstrated that a two-phased instrument did not provide improved understanding of the coping behaviors used in dealing with the examples of significantly stressful situations. The intention of the second phase was to obtain information about the significantly stressful situations. Because this was not demonstrated by the pretest, the two-phased approach was not necessary.

On the basis of the pretest responses, the instrument was revised and was prepared for administration to the subject group of nurse educators.

The Instrument

A four-part questionnaire was developed to obtain information specific to the research problems. The purpose of the first part was to obtain demographic information about the respondents. Questions identified educational background, nursing experience, present work situation, and age. The second part of the questionnaire identified forty-seven stress-producing situations. The respondents were asked to indicate how frequently the situation occurred in the work experience, and, if it had occurred, how stressful it was perceived to be. The

respondents were also asked to list any other work situations which were considered stressful. In the third part of the questionnaire thirty-five coping behaviors were identified. The respondents were asked to indicate how frequently the specific coping behavior was used, and how effective the coping behavior was perceived to be. The respondents were also asked to list any other coping behaviors that were used. The final section of the questionnaire asked the respondents to indicate their general perceptions of satisfaction with the role of nurse educator, of the stressfulness of the role of nurse educator, and of success in dealing with stress. The questionnaire utilized in this study is provided in Appendix A.

METHODOLOGY

Collection of Data

Permission was obtained from the Director of the University of Alberta Hospitals School of Nursing to conduct the study. This involved administering the questionnaire at a regularly scheduled faculty meeting, and circulating the questionnaire to those faculty members who were not present.

The questionnaire was administered by the researcher. Administering the questionnaire in person to the majority of respondents in a comfortable setting familiar to them, and at a time that had been scheduled to be free of other responsibilities, was intended to reduce the poor response rate to which impersonal surveys are subject (Kidder, 1980).

Introductory remarks included the definition of stress to clarify the basis of the study for the participants. Thirty-five of the

thirty-six faculty members present completed the questionnaire at that time.

The questionnaire with an explanatory letter (Appendix A) that included the definition of stress was placed in the mailboxes of each of the remaining twenty-one faculty members the next morning. The distribution of these questionnaires took place on a pay day, before the cheques were available. This was planned so that the remaining instructors, who primarily worked on a part-time basis, would likely have early access to the questionnaire. They were requested to return the questionnaire in envelopes provided, within fourteen days, to the researcher's mailbox. Sixteen of these questionnaire were returned for a total response of fifty-one of the fifty-seven faculty members. This was a response rate of 89.47 percent.

Statistical Analysis

The data were analyzed by using programs in the Statistical Package for the Social Sciences (SPSS) and the computing facilities of the University of Alberta. Frequency distributions provided information about the frequency of occurrence, stressfulness and rank order of the identified situations and of the frequency of occurrence, effectiveness and rank order of the coping behaviors. Spearman correlation coefficients were identified to determine if relationships existed between frequencies and situations or behaviors. A Pearson correlation was used to determine if a relationship existed between the general perceptions of job satisfaction, work-related stress and coping effectiveness. Analysis of variance techniques were used to relate general perceptions to the demographic information.

Summary

A questionnaire was the instrument used for collection of data in the study. In the discussion of the development of the instrument, recognition was given to the exemplary work of Jankovic. Pretesting the instrument for clarity and relevance determined that it be revised from a two-phased approach to a single phase.

The instrument has four sections: demographic information which include personal, professional and situational factors; stress-producing situations with perceived frequency of occurrence and of stressfulness; coping behaviors with perceived frequency of use and of effectiveness; and, finally, general perceptions of job satisfaction, work-related stress, and coping effectiveness.

The distribution of questionnaires to fifty-seven faculty members of a hospital diploma program of nursing education resulted in a response rate of eight-nine percent.

Programs from the SPSS, including frequency distribution, correlations and analysis of variance were used in the analysis of the data.

CHAPTER 4

ANALYSIS OF DATA AND DISCUSSION OF FINDINGS

Introduction

This chapter provides both descriptive and exploratory analysis of data gathered in the questionnaire. The chapter has four major sections:

1. A description of the study population.
2. Work-related situations: Frequency of occurrence and effectiveness.
3. Coping behaviors: Frequency of use and effectiveness.
4. General perceptions of job satisfaction, work-related stress and coping effectiveness, and the relationship of the characteristics of the study group to these general perceptions.

THE STUDY POPULATION

The nurse educators were asked to respond to nine questions related to professional, situational and personal variables that may affect perceptions of stress in the work situation, or of how that stress is managed. The summary of the information obtained is presented by frequency and percentage distribution in Table 1.

The level of basic nursing education of the majority of the study group is a hospital diploma, although baccalaureate programs provided the basic education of 41 percent of the respondents. The highest educational attainment for three out of four of the respondents is a baccalaureate degree in nursing. Some 20 percent have completed or are involved in post-graduate coursework. The respondents' nursing experience other than in an educational capacity is considerable. More than 50 percent reported more than four years experience, while

TABLE 1

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Variable		Categories				
Basic nursing education		Hospital Diploma	College Diploma	Baccalaureate		
	f	29	1	21		
	%	56.9	2	41.2		
Highest educational attainment		R.N.	B.S.N.	Post-Graduate Coursework	M.N.; Other Masters	
	f	2	38	10	1	
	%	3.9	74.5	19.6	2	
Experience in nursing other than in an educational capacity		1 - 12 months	13 - 23 months	2 - 3 years	4 - 5 years	6 years or more
	f	1	5	14	15	16
	%	2	9.8	27.5	29.4	31.4
Prior experience as a nurse educator		0 months	1 - 12 months	12 - 23 months	2 - 3 years	4 - 5 years	6 years or more
	f	29	7	3	5	2	5
	%	56.9	13.7	5.9	9.8	3.9	9.8
Employment status		Full-Time	Part-Time			
	f	43	8			
	%	84.3	15.7			

Table 1, con't

Variable		Categories					
Length of time employed at U.A.H. School of Nursing		1 year	2 years	3 years	4 years	5 years	6 years or more
	f	20	13	6	2	2	8
	%	39.2	25.5	11.8	3.9	3.9	15.7
Level at which primarily employed *		100/200			300/400		
	f	17			31		
	%	35.4			64.6		
Percentage of usual work week spent in clinical teaching activities **		None	20 - 39%	40 - 59%	60 - 79%	80 - 100%	
	f	6	5	8	7	24	
	%	12	10	16	14	48	
Age		Under 30 years	30 - 39 years	40 - 49 years	50 years or more		
	f	21	24	6	0		
	%	41.2	47.1	11.8	0		

* N = 48 . The remainder of the sample (N=3) did not respond.

** N = 50 The remainder of the sample (N=1) did not respond.

12 percent of the respondents reported less than twenty-three months of nursing experience. However, the majority of the respondents have had little or no experience as a nurse educator prior to their present employment.

Responses to the situational variables revealed that 84 percent of the study population worked full-time. Sixty-five percent of the respondents have been employed at the UAH School of Nursing for no more than two years. The specific level in the program at which the nurse educator is primarily employed was not identified to maintain confidentiality, but 65 percent of the study group work at either the 300 or 400 Level. The clinical component of the nurse educator's position was indicated by the percentage of the usual work week spent in clinical teaching activities. Forty-eight percent of the study population indicated that this occupied 80 to 100 percent of their time, while 12 percent responded that none of their work week was spent in this manner.

The population of the study is relatively young, 88 percent being under the age of forty years.

WORK-RELATED STRESS

Work-related stress was defined as the employee's affective response to the work situation. In Section B of the questionnaire the respondents were asked to indicate how frequently certain potentially stressful situations occurred, and how stressful they found the situation to be. The frequency scale ranged from "never" (rate 0), to "about 1-3 times/day" (rate 4). The stressfulness scale ranged from "not stressful" (rate 1) to "extremely stressful" (rate 5).

Respondents were instructed that if a situation never occurred (rate 0 on the frequency scale), that it should be considered "not applicable" (rate 0) on the stressfulness scale. The responses on the stress scale are therefore the perceptions of nurse educators who had experienced the situation. The responses to this section of the questionnaire are provided in Table 2 by percentage of responses and by rank for each scale.

Frequency of Occurrence

There is considerable spread in the frequency of occurrence of the situations. Twenty-eight of the forty-seven situations were rated as occurring from "never" to "1-3 times/day", while three situations occurred either "never" or "1-3 times/year". Only Item 44 -- "Performing duties with interruptions" was experienced universally. Forty-one percent of the respondents indicated that this occurred from one to three times each day, while a somewhat surprising four percent indicated that this only occurred from one to three times each month.

Most of the frequencies that included the extremes of "never" and "1-3 times/day" were distributed towards either end of the scale. For example, in Item 32 -- "Adjusting to the changing characteristics of today's nursing students", 16 percent responded that this never occurred, and 8 percent responded that it occurred from one to three times each day. The frequency mean of 1.6 for the situation indicates a frequency between "1-3 times/year" and "1-3 times/month".

The nurse educators had markedly different perceptions about the frequency of occurrence of some situations. In examining the

TABLE 2

FREQUENCY OF OCCURRENCE AND STRESSFULNESS OF WORK-RELATED SITUATIONS: DISTRIBUTIONS AND RANK

	Work-Related Situation	Frequency of Occurrence Percentage of Responses						Rank	Stressfulness Percentage of Responses						Rank
		0	1	2	3	4			1	2	3	4	5		
		Never	About 1 - 3 times/year	About 1 - 3 times/month	About 1 - 3 times/week	About 1 - 3 times/day	Frequency Means		Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Extremely Stressful	Stress Means	
1.	Student deficient in theory*.	10	16	28	36	10	2.20	4	12	47	33	6	2	2.39	33
2.	Student deficient in skills.	12	22	25	33	8	2.04	7	8	40	35	13	4	2.65	24
3.	Presenting unsatisfactory evaluation.	24	58	18	0	0	0.94	37	0	14	52	25	9	3.30	7
4.	Recommend student repeat portion.	49	51	0	0	0	0.51	42	9	9	33	28	21	3.42	5
5.	Recommend student withdraw.	71	30	0	0	0	0.29	49	9	4	9	43	35	3.91	1
6.	"In the middle" students/school administration.	43	25	24	8	0	0.96	35.5	13	35	22	22	8	2.76	19.5
7.	"In the middle school administration/ nursing service.	41	27	24	6	2	1.00	32	0	31	26	32	11	3.23	8
8.	"In the middle" students/nursing service.	22	31	23	22	2	1.51	14	9	42	23	19	7	2.72	21
9.	Attempts to involve you in conflicts.	63	31	2	4	0	0.47	43	14	47	14	21	4	2.54	27
10.	School policies conflict with own beliefs.	26	31	27	12	4	1.37	20	9	30	26	19	16	3.02	11.5
11.	Peer evaluation.	57	43	0	0	0	0.43	44	47	30	16	7	0	1.83	44
12.	Level meetings.	8	2	61	27	2	2.14	6	52	25	15	6	2	1.81	45

* Situations are abbreviated. See Appendix for complete situation.

Table 2, con't

	Work-Related Situation	Frequency of Occurrence Percentage of Responses 0	1	2	3	4	Frequency Means	Rank	Stressfulness Percentage of Responses 1	2	3	4	5	Stress Means	Rank
		Never	About 1 - 3 times/year	About 1 - 3 times/month	About 1 - 3 times/week	About 1 - 3 times/day			Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Extremely Stressful		
13.	Faculty meetings.	6	6	88	0	0	1.82	11	56	31	9	2	2	1.63	46
14.	Committee meetings.	51	6	37	6	0	0.98	33.5	69	21	7	3	0	1.45	47
15.	Staff suspicious/hostile.	33	37	18	10	2	1.10	25.5	5	37	42	8	8	2.76	19.5
16.	Students suspicious/hostile.	27	45	22	6	0	1.06	28.5	18	41	30	9	2	2.36	35
17.	Inadequate support: superior.	35	24	27	12	2	1.22	22	3	14	25	40	19	3.58	2
18.	Interpersonal conflict: superior.	61	21	14	2	2	0.63	41	7	15	26	26	26	3.48	3
19.	Poor relationship: level peers.	64	34	2	0	0	0.38	45	15	26	19	33	7	3.93	13
20.	Poor relationship: peers other levels.	69	29	2	0	0	0.33	46	22	45	11	18	4	2.37	34
21.	Academic upgrading: pressure.	36	52	6	6	6	0.82	39.5	21	45	24	2	8	2.32	37.5
22.	Feeling academic inadequacy.	12	58	24	4	2	1.26	21	11	47	34	4	4	2.45	29.5
23.	Retain clinical competency.	29	37	30	4	0	1.08	27	15	39	34	12	0	2.44	31
24.	Feeling clinical inadequacy.	23	51	24	2	0	1.04	30	7	35	36	15	7	2.80	16
25.	Develop teaching effectiveness.	24	43	25	6	2	1.20	23	14	42	30	9	5	2.49	28
26.	Feeling inadequate teaching.	16	61	21	2	0	1.10	25.5	4	43	32	15	6	2.77	18
27.	Inconsistency in benefits.	29	51	12	8	0	0.98	33.5	42	37	16	2	3	1.87	42.5

Table 2, con't

	Work-Related Situation	Frequency of Occurrence Percentage of Responses 0	1	2	3	4		Rank	Stressfulness Percentage of Responses 1	2	3	4	5		Rank
		Never	About 1 - 3 times/year	About 1 - 3 times/month	About 1 - 3 times/week	About 1 - 3 times/day	Frequency Means		Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Extremely Stressful	Stress Means	
28.	Negative perceptions hospital programs.	31	57	10	2	0	0.82	39.5	36	44	15	5	0	1.88	41
29.	Negative professional stereotyping.	22	51	27	0	0	1.06	28.5	21	45	29	3	2	2.19	39.5
30.	Involvement curriculum revisions.	32	46	18	2	2	0.96	35.5	5	45	24	18	8	2.79	17
31.	Implement curriculum revisions.	26	54	14	4	2	1.02	31	5	57	12	23	2	2.60	26
32.	Changing student characteristics.	16	34	32	10	8	1.60	13	34	43	21	0	0	1.87	47.5
33.	Legal responsibilities unclear.	16	47	21	8	8	1.45	17	7	28	35	17	13	3.02	11.5
34.	Authority unclear.	18	40	26	10	6	1.46	16	7	28	42	14	9	2.91	14.5
35.	Limited recognition or feedback.	10	27	29	22	12	1.98	8	13	38	28	15	6	2.64	25
36.	Criticized for actions.	26	60	10	4	0	0.92	38	5	15	39	27	14	3.36	6
37.	Implement policies without input.	24	30	28	8	10	1.50	15	10	41	26	18	5	2.67	22.5
38.	Decision-making without guidelines.	16	45	25	12	2	1.39	19	4	32	39	18	7	2.91	14.5
39.	Students unrealistic expectations	14	33	29	20	4	1.67	12	13	47	29	9	2	2.40	32
40.	Administration: unrealistic expectations.	26	34	18	18	4	1.40	18	7	30	20	23	20	3.18	10
41.	Nursing Service: unrealistic expectations.	28	38	26	6	2	1.16	24	5	51	21	18	6	2.67	22.3

Table 2, con't

Work-Related Situation	Frequency of Occurrence Percentage of Responses 0 Never	1 About 1 - 3 times/year	2 About 1 - 3 times/month	3 About 1 - 3 times/week	4 About 1 - 3 times/day	Frequency Means	Rank	Stressfulness Percentage of Responses 1 Not Stressful	2 Mildly Stressful	3 Moderately Stressful	4 Very Stressful	5 Extremely Stressful	Stress Means	Rank
42. Completing anecdotal notes.	16	2	6	45	31	2.75	2	23	45	26	2	4	2.19	3.95
43. Other paperwork.	8	6	16	46	24	2.72	3	26	36	23	9	6	2.34	36
44. Interruptions in work.	0	4	18	37	41	3.16	1	18	45	17	14	6	2.45	29.4
45. Missing breaks.	12	24	29	29	6	1.94	9	19	47	21	9	4	2.32	37.5
46. Unable to complete tasks.	4	38	30	24	4	1.86	10	0	22	25	39	14	3.45	4
47. Time pressures.	4	22	40	26	8	2.12	5	6	18	39	21	16	3.22	9

responses to the first Item -- "Working with a student whom you consider deficient in nursing theory," 10 percent of the study group responded "never," while 10 percent indicated that this occurred from one to three times daily. There is a similar response to Item 2 -- "Working with a student whom you consider deficient in nursing skills." Twelve percent reported that this never occurred, and 8 percent considered it to occur from one to three times daily. While the frequency mean of these scores (2.2 and 2.0 respectively) indicate that, on average, this situation occurs from one to three times each month, the individual responses must be remembered.

Twenty-five of the work-related situations have frequency means which are between 1.0 and 2.0, while fifteen items are below 1.0. Therefore, 75 percent of the situations occur less than one to three times each month. In considering this finding one must again be cautioned to remember that, in the individual responses, 60 percent of the items had been experienced from one to three times daily by some of the respondents.

Stressfulness

There was also a marked spread in the perceived stressfulness of the situations. Considering responses from those who had experienced the situation, 83 percent ranged from "not stressful" to "extremely stressful." Three of the situations were deemed stressful to some degree by all those who had experienced them. These were:

- Item 3 -- "Presenting a student with a formal evaluation outlining unsatisfactory performance";

- Item 7 -- "Being the 'person in the middle' between school administration/nursing service"; and,
- Item 46 -- "Being unable to complete tasks to your satisfaction."

In examining the mean scores on the stressfulness scale, 74 percent of the situations are below 3.0. That is, on average, nearly three quarters of the situations are considered either "not stressful" or "mildly stressful." None of the situations has a mean that scores four on this five point scale. Item 5 -- "Recommending that a student be required to withdraw from the program" was considered the most stressful situation (stress mean 3.9), but it ranked last in frequency of occurrence. This finding emphasizes the need to consider frequency of occurrence in relation to the stressfulness of the situation.

Frequency and Stressfulness

While Table 2 includes the rank order for frequency and stress of all work-related situations, Table 3 summarizes this information by providing the ten most frequent and the ten most stressful work-related situations. Of the ten highest ranked situations in terms of frequency of occurrence, only two are included in the top ten situations when ranked for stressfulness. These are:

- Item 47 -- "Contending with time pressures to complete tasks ... by the required date" (frequency rank = 5, stress rank = 9); and,
- Item 46 -- "Being unable to complete tasks to your satisfaction" (frequency rank = 10, stress rank = 4).

Of the other top ranked situations for frequency of occurrence, the next highest ranked in stressfulness are:

TABLE 3

THE TEN MOST FREQUENT AND THE TEN MOST STRESSFUL WORK-RELATED SITUATIONS

	Situation	Frequency		Stress	
		Rank	Mean	Rank	Mean
44.	Performing duties with interruptions (e.g. telephone beeper, peers, students, etc.	1	3.16	29	2.45
42.	Completing anecdotal notes.	2	2.75	39	2.19
43.	Marking, completing forms, questionnaires and other paperwork.	3	2.72	36	2.34
1.	Working with a student whom you consider deficient in nursing theory.	4	2.20	33	2.39
47.	Contending with time pressures to complete tasks (e.g. class preparation, student evaluations) by the required date.	5	2.12	9	3.22
12.	Attending Level meetings.	6	2.14	45	1.81
2.	Working with a student whom you consider dificient in nursing skills.	7	2.04	24	2.65
35.	Performing your role with limited recognition or feedback.	8	1.98	25	2.64
45.	Missing scheduled lunch and/or coffee breaks.	9	1.94	37	2.32
46.	Being unable to complete tasks to your satisfaction.	10	1.86	4	3.45
5.	Recommending that a student be required to withdraw from the program.	47	0.29	1	3.91
17.	Experiencing an inadequate level of advice or support from immediate superior.	22	1.22	2	3.58
18.	Experiencing interpersonal conflict with your immediate superior.	41	0.63	3	3.48
4.	Recommending that a student repeat a portion of the program.	42	0.51	5	3.42
36.	Being criticized for actions you have taken in the course of your duties.	38	0.92	6	3.36
3.	Presenting a student with a formal evaluation outlining unsatisfactory performance.	37	0.94	7	3.30
7.	Being the "person in the middle" between school administration/nursing service.	32	1.00	8	3.23
40.	Contending with the unrealistic expectations of school administration.	18	1.40	10	3.18

- Item 2 -- "Working with a student you consider deficient in nursing skills" (frequency rank = 7, stress rank = 24); and,
- Item 35 -- "Performing your role with limited recognition or feedback" (frequency rank = 8, stress rank =25).

Of the top ten ranked work-related situations in terms of stressfulness, other than Items 46 and 47 described previously, the highest ranked in frequency are:

- Item 17 -- "Experiencing an inadequate level of advice or support from immediate superior" (stress rank = 2, frequency rank = 22); and,
- Item 40 -- "Contending with the unrealistic expectation of school administration" (stress rank = 10, frequency rank = 18).

Of the ten situations that occur most frequently, the majority deal with aspects of role overload: simply too much to do, too many demands for time and skills being made upon the nurse educator. One situation, Item 35 -- "Performing your role with limited recognition or feedback," relates to the concerns of role ambiguity.

In considering the highly ranked stress situations, other than those that also ranked highly in frequency, four situations have aspects of role conflict (Items 3, 4, 5, 7). They include providing unsatisfactory performance evaluations, recommending that the student either repeat or withdraw from the program, and being 'in the middle' of school administration and nursing service. Four situations (Items 17, 18, 36 and 40) have aspects of role overload, but may also relate to role conflict or to personality factors. These items include experiencing inadequate advice and support from an immediate superior,

interpersonal conflict with that person, being criticized for actions taken in the course of duties, and "contending with the unrealistic expectations of school administration".

The relative infrequency of the situations that are considered most stressful must be reiterated. Six of the situations highest in stress rank below thirty out of forty-seven in terms of frequency.

The absolute inverse in the relationship between the least frequently occurring situation and the most stressful situation (Item 5) leads to an exploration to determine if a relationship exists between the frequency and the stress of the work-related situations. The Spearman correlation coefficient was computed based on the mean scores of the frequency of occurrence for each situation, and the perceived stressfulness of each work-related situation. The Spearman correlation coefficient ($r = 0.1909$) was significant at the level 0.099. Therefore there is not a statistically significant correlation in the ranking of frequency and of stressfulness of the work-related situations.

Additional Stressful Situations

At the end of Section B of the questionnaire, in which the study group was asked to rate forty-seven situations for frequency and stressfulness, the respondents were asked to list any other work situations they considered stressful. Eighteen individuals listed a total of forty-four items.

Some of the added items appear to correspond with items included in the questionnaire, but the situation listed was apparently inadequate for the respondent. An example of this is Item 7 -- "Experiencing an inadequate level of advice or support from immediate superior."

One added item read -- "Lack of obvious support from superiors."

In considering the additional items, twenty-one relate to aspects of classroom and clinical teaching, eight relate to concerns of evaluation/feedback, and six relate to expectations. Four added items are concerned with communications and four with the work environment. One added item -- "Inappropriate or unprofessional behavior by peers (is) extremely stressful" was not categorized.

Classroom and clinical teaching. Included in both teaching areas are:

- dealing with aggressive students;
- the lack of learning resources; and,
- the amount of preparation that must be done at home.

Stressful situations in the classroom include the following:

- lecturing;
- reviewing/defending exam questions with/to students;
- teaching content never taught before;
- facing ninety students in lectures; and,
- "being seriously challenged ... on a day when I can't 'think on my feet.' "

Planning and organizational classroom stressors were:

- aspects of the conceptual framework that are supposed to be the focus of the Level are not reflected in class day content;
- changing common class days; and,
- inadequate room bookings.

Additional clinical teaching situations that were identified as stressful related to:

- having too many students for the available learning experiences (a concern expressed by two respondents);
- having too few students to justify existence, e.g. the day before examinations;
- covering several units while supervising students;
- dealing with staff members who are being unreasonably difficult towards students; and,
- contending with "so many mental demands from the students."

There were two additional clinical situational stressors that related to student evaluation. These were the lack of critical indicators of essential competencies and limited contact with the students prior to their evaluation.

Time restrictions in clinical practice have two stressor aspects: discussion of theory could be limited because the student was too busy, or because the instructor was involved with supervising skill performance. Time pressure was also a concern for a respondent who chose to elaborate on her response to Item 2 -- "Working with a student you consider deficient in nursing skills." The respondent noted, "I find my stress depends to a great extent on how the student is prepared ... if knowledge (is) poor, I'm very stressed; if it's his/her anxiety, I experience no stress -- unless I'm really behind."

Evaluation/feedback. The study group identified situational stressors related to:

- limited feedback;
- lack of support or positive feedback;
- lack of obvious support from superiors;

- lack of recognition for input regarding changes or curriculum planning;
- being criticized unconstructively by superiors for non-work activities;
- feeling that the instructor's judgment and sense of fairness is not being trusted by superiors; and,
- feeling that input on students will have little bearing on outcomes.

A concern with the faculty evaluation system was also identified. "Head nurses and students cannot evaluate my job, can only give feedback" wrote one respondent.

Expectations. Two respondents identified poorly defined job descriptions and unclear expectations as situational stressors. Others identified:

- "Not having some measurable means of knowing whether I'm doing the right thing, clinical or class";
- "Not having clear guidelines" re: class content;
- poor or inadequate orientation programs; and,
- the stressor of "standards and policies not being upheld."

Communications. A general stressor relating to communication was "poor communication practises and hidden agendas." Specific examples of this stressor were also identified:

- inadequate communication for part-time regular staff;
- superiors providing insufficient information about problem students to arrange adequate learning experiences and supervision; and,
- "Coordinator meeting with Service (area and unit supervisors) -- instructors must be involved."

Environmental. The nurse educators identified four concerns that related to the environment of the work situation. These were:

- lack of adequate work space in the clinical area;
- noise internal and external to the building;
- proximity of office to heavy traffic areas; and,
- the extreme heat and dryness of the offices.

COPING BEHAVIORS

Coping behaviors were defined as those actions intended to reduce a stressful experience. In Section C of the questionnaire the study group was asked to indicate how often they had used the listed behavior for dealing with stress. If they had used the behavior, they were asked how effective they considered the behavior had been. If they had not used the behavior, they were instructed to respond "not applicable" (rate 0) on the effectiveness scale.

The frequency scale ranged from "never" (rate 0), to "about 1-3 times/day" (rate 4). The effectiveness scale ranged from "not effective" (rate 1), to "highly effective" (rate 5). The responses on the effectiveness scale are the perceptions of the nurse educators who had utilized the coping behavior. The nurse educators perceptions of the frequency of use and the effectiveness of the specified coping behaviors are summarized by percentage of responses and by rank in Table 4.

Frequency of Use

The frequency of use of 60 percent, or twenty-one of the thirty-five coping behaviors, ranged from "never" to "about 1-3 times/day". Eleven percent of the behaviors were used from "never" to "about 1-3

TABLE 4

FREQUENCY OF USE AND EFFECTIVENESS OF COPING BEHAVIORS

	Coping Behavior	Frequency of Use Percentage of Responses 0	1	2	3	4		Rank	Effectiveness Percentage of Responses 1	2	3	4	5		Rank
		Never	About 1 - 3 times/year	About 1 - 3 times/month	About 1 - 3 times/week	About 1 - 3 times/day	Frequency Means		Not Effective	Mildly Effective	Moderately Effective	Very Effective	Extremely Effective	Effective Means	
1.	Make quick decisions*.	6	37	31	20	6	1.82	15	12	42	38	8	0	2.48	27
2.	Seek additional information.	0	6	33	51	10	2.65	2	0	8	33	47	12	3.63	7
3.	Consider a range of plans.	2	14	33	43	8	2.41	7	0	6	32	46	16	3.72	4
4.	Be polite, prevent confrontations.	0	18	37	37	8	2.35	10	18	29	29	22	2	2.61	23
5.	Reduce tension with humor.	6	12	29	29	24	2.53	4	6	15	56	19	4	3.00	14
6.	Take a break.	2	12	37	45	4	2.37	9	6	14	33	41	6	3.28	11
7.	Set aside uninterrupted time.	25	16	29	20	10	1.73	16	9	12	17	48	14	3.45	8
8.	Work harder/longer hours.	10	10	47	31	2	2.06	13	22	11	33	30	4	2.85	19
9.	Reduce tension by smoking.	71	2	2	2	23	1.06	25	18	23	41	6	12	2.7	21.5
10.	Enjoy yourself after work.	4	14	25	45	12	2.47	6	0	16	12	43	29	3.84	1
11.	Ignore stressful problems.	39	43	18	0	0	0.78	32	51	29	14	5	0	1.7	34

* Coping Behaviors are abbreviated. See Appendix for complete situation.

Table 4, con't

Coping Behavior	Frequency of Use Percentage of Responses 0	1	2	3	4		Rank	Effectiveness Percentage of Responses 1	2	3	4	5		Rank
	Never	About 1 - 3 times/year	About 1 - 3 times/month	About 1 - 3 times/week	About 1 - 3 times/day	Frequency Means		Not Effective	Mildly Effective	Moderately Effective	Very Effective	Extremely Effective	Effective Means	
12. Use relaxation techniques.	59	19	6	12	4	0.82	31	4	21	25	29	21	3.42	9
13. Recall similar situations.	4	19	47	22	8	2.10	12	4	18	52	16	10	3.10	13
14. Seek different solutions.	2	14	41	37	6	2.31	11	4	26	43	25	2	2.96	15
15. Seek advice/support from Coordinator.	6	33	51	10	0	1.65	18	22	13	42	16	7	2.71	21.5
16. Seek advice/support from level peers.	4	10	29	47	10	2.49	5	0	6	40	38	16	3.64	6
17. Seek advice/support from other peers.	12	33	51	4	0	1.47	20	4	36	29	29	2	2.91	17.5
18 . Seek feedback from students.	43	27	20	8	2	1.98	27	17	21	47	15	0	2.59	25
19. Reduce tension by eating.	31	16	26	23	4	1.53	19	71	18	3	3	5	1.5	35
20. Work at problem until resolved.	18	41	31	10	0	1.33	22.5	31	22	25	22	0	2.38	28
21. Discussion with uninvolved others.	0	8	50	38	4	2.38	8	4	14	44	28	10	3.26	12
22. Avoid stressful situations.	10	48	36	6	0	1.38	21	21	30	32	11	6	2.51	26
23. Maintain a positive attitude.	0	2	10	44	44	3.30	1	0	8	26	44	22	3.80	3
24. Use School's rules as buffer.	25	30	32	13	0	1.32	24	26	36	33	5	0	2.18	30
25. Reduce tension with alcohol.	52	22	16	10	0	0.84	30	27	34	31	4	4	2.23	29

Table 4, con't

Coping Behavior	Frequency of Use Percentage of Responses 0	1	2	3	4		Rank	Effectiveness Percentage of Responses 1	2	3	4	5		Rank
	Never	About 1 - 3 times/year	About 1 - 3 times/month	About 1 - 3 times/week	About 1 - 3 times/day	Frequency Means		Not Effecti..	Mildly Effective	Moderately Effective	Very Effective	Extremely Effective	Effective Means	
26. More time in clinical areas.	49	10	10	21	10	1.33	22.5	14	21	47	11	7	2.75	20
27. Reduce tension with exercise.	6	2	26	54	12	2.64	3	0	4	31	41	23	3.83	2
28. Address stress directly.	4	24	42	24	6	2.04	14	4	16	31	35	14	3.39	10
29. Give notice of limits.	33	49	8	8	2	0.98	27	30	16	21	30	3	2.60	24
30. Keep up with current nursing trends.	14	74	12	0	0	0.98	27	2	37	32	27	2	2.91	16
31. Maintain clinical competency.	71	27	2	0	0	0.33	35	14	18	36	27	5	2.91	17.5
32. Reduce stress with flexible hours.	22	21	31	20	6	1.67	17	2	5	25	60	8	3.65	5
33. Reduce tension with tranquilizers.	96	4	0	0	0	0.40	34	56	22	11	11	0	2.00	31
34. Resign, seek another nursing position.	34	46	14	4	2	0.94	29	47	35	9	3	6	1.85	32
35. Resign, seek non-nursing position.	50	38	8	2	2	0.68	33	48	33	8	11	0	1.82	33

times/month". Another 11 percent of the coping behaviors were used to some degree of frequency by all of the study group. These behaviors (Items 2, 4, 21 and 23) all ranked within the top ten in frequency ranking.

There was considerable diversity in the use of the coping behaviors. For example:

- Item 7 -- "Set aside a period of the day when you will not be interrupted," is never utilized by 25 percent of the respondents, while 10 percent use it from one to three times each day.
- Item 9 -- "Reduce tension by smoking" was never used by 71 percent of the study group, but used daily by 23 percent, for a mean frequency of 1.1. Other behaviors did not elicit this polarity in the responses.
- Item 19 -- "Reduce tension by eating more" was never used by 31 percent of the study, and used from one to three times daily by 4 percent of the group, while 49 percent used the behavior on a weekly or monthly basis. The mean frequency for this item was 1.5.

As in the consideration of the frequencies of stressful situations, the frequency of use of the coping behaviors must be considered on an individual basis. While the frequency mean for 60 percent of the coping behaviors was below two ("about 1-3 times/month"), 71 percent of the behaviors were used from one to three times each day by the individuals in the study group.

Effectiveness

There is also considerable spread in the perceptions of the

effectiveness of the specified coping behaviors. Sixty-three percent, or twenty-two of the thirty-five coping behaviors, are rated from "not effective" to "highly effective" by those respondents who have used them. Twenty percent of the coping behaviors were rated "not effective" to "very effective." The remaining 17 percent of the coping behaviors were considered universally effective. These behaviors (Items 2, 3, 10, 16, 23 and 27) present a variety of approaches to coping. They include such strategies as seeking additional information, considering a range of plans, seeking advice or support from level peers, and maintaining a positive attitude, as well as such activities as enjoying yourself after work and reducing tension with exercise.

There are fourteen behaviors that have effectiveness mean scores of three or more. A rating of three corresponds to "moderately effective." Only four of the scores rate below two, or "slightly effective."

Frequency and Effectiveness

The ten most frequently used and the ten most effective coping behaviors by ranking of mean scores are presented in Table 5. Of the ten highest ranking coping behavior in terms of frequency of use, only four are not ranked highest in terms of effectiveness. These are:

- Item 5 -- "Reduce tension by using humour" (frequency rank = 4, effectiveness rank = 14);
- Item 21 -- "Discuss stressful problems with your spouse or a friend who is not involved in the workplace" (frequency rank = 8, effectiveness rank = 12);

TABLE 5

THE TEN MOST FREQUENTLY USED AND THE TEN MOST EFFECTIVE COPING BEHAVIORS

	Coping Behavior	Frequency		Effectiveness	
		Rank	Mean	Rank	Mean
23.	Try to maintain a positive attitude.	1	3.30	3	3.80
2.	Seek additional information about the situation before making the decision.	2	2.65	7	3.63
27.	Participate in physical activities to reduce tension.	3	2.64	2	3.83
5.	Reduce tension by using humor.	4	2.53	14	3.00
16.	Seek advice and support from peers from within your level.	5	2.49	6	3.64
10.	Make a concerted effort to enjoy yourself with some pleasurable activity after work.	6	2.47	1	3.84
3.	Consider a range of plans, then choose among the options.	7	2.41	4	3.72
21.	Discuss stressful problems with your spouse or a friend who is not involved in the work place.	8	2.38	12	3.26
6.	Take a break, then come back to the problem later.	9	2.37	11	3.28
4.	Make every effort to be polite and prevent confrontations.	10	2.35	23	2.61
32.	Use flexible hours of work to reduce your stress.	17	1.67	5	3.65
7.	Set aside a period of the day when you will not be interrupted.	16	1.73	8	3.45
12.	Use relaxation techniques such as meditation, yoga, self-hypnosis and biofeedback.	31	0.82	9	3.42
28.	Address the source of stress immediately and directly.	14	2.04	10	3.39

- Item 6 -- "Take a break, then come back to the problem later" (frequency rank = 9, effectiveness rank = 11); and,
- Item 4 -- "Make every effort to be polite and prevent confrontations" (frequency rank = 10, effectiveness rank = 23).

In examining the ten highest ranking coping behaviors in terms of effectiveness, the four behaviors that do not rank in the top ten in the frequency ranking are:

- Item 32 -- "Use flexible hours of work to reduce your stress" (effectiveness rank = 5, frequency rank = 17);
- Item 7 -- "Set aside a period of the day when you will not be interrupted" (effectiveness rank = 8, frequency rank = 16);
- Item 12 -- "Use relaxation techniques such as meditation, yoga, self-hypnosis and biofeedback" (effectiveness rank = 9, frequency rank = 31); and,
- Item 28 -- "Address the source of stress immediately and directly" (effectiveness rank = 10, frequency rank = 14).

A Spearman correlation coefficient was computed to determine if a relationship existed between the frequency and the effectiveness of the coping behaviors. The Spearman correlation coefficient ($r = 0.7066$) was significant at the level of $p < 0.001$. This confirms the tendency identified in the rank ordering of the coping behaviors. Specifically, the more effective the behavior is perceived to be, the more frequently the behavior is used.

The coping behaviors that are highly ranked in both frequency and effectiveness are worthy of further consideration. These behaviors are:

- Item 23 -- "Try to maintain a positive attitude" (frequency rank = 1, effectiveness rank = 3);
- Item 2 -- "Seek additional information about the situation before coming to a decision" (frequency rank = 2, effectiveness rank = 7);
- Item 27 -- "Participate in physical activity to reduce tension" (frequency rank = 3, effectiveness rank = 2);
- Item 16 -- "Seek advice and support from peers from within your level" (frequency rank = 5, effectiveness rank = 6);
- Item 10 -- "Make a concerted effort to enjoy yourself with some pleasurable activity after work" (frequency rank = 6, effectiveness rank = 1); and,
- Item 3 -- "Consider a range of plans, then choose among the options" (frequency rank = 7, effectiveness rank = 4).

Items 2, 3, 16 and 22 equate to the psychosocial strategies described in Bomar's study. Item 27 is a physical strategy, while Item 10 is a 'letting-go' behavior in which the individual attempts to emotionally release the stress. Lazarus (1974) would consider Items 2, 3 and 16 to be direct-action coping techniques because they attempt to deal with the source of the stress. He would determine Items 10, 23 and 27 to be palliative forms of coping as they seek to reduce the stress or the potential for stress.

Additional Coping Behaviors

After completing Section C of the questionnaire by rating the thirty-five coping behaviors for frequency of use and effectiveness, the respondents were asked to list any other coping behaviors that

they used. Ten individuals listed a total of twenty-one additional behaviors.

Several of the listed items expanded upon items in the questionnaire. For example:

- Item 6 -- "Take a break, then came back to the problem later" relates to these added items: "Have a sleep and think about the problems later ..."; and, "Taking a vacation ... even a few days from the 'stressful situation.' "
- Item 30 in the questionnaire -- "Attend workshops, inservice programs, etc. to keep abreast of current trends in nursing," was also expanded upon by a respondent. The additional item: "Keeping up to date, i.e. reading current articles."

While eight of the additional items correspond to Lazarus' direct-action coping behaviors, the majority are considered palliative in nature. The direct-action behaviors include:

- "Discuss stressful situation with people who <u>are</u> involved in the same work environment -- staff nurses, medical staff, etc.";
- seek feedback from superior and peers;
- "getting organized";
- maintain good public relations with nursing service;
- keep up to date;
- write and follow a 'things-to-do' list;
- take on "some extra duties, e.g. marking papers, exam revision"; and,
- take work home occassionally.

The palliative behaviors added include the following:

- "Knitting during coffee and supper breaks -- then I don't discuss work-related problems ...";
- "Have a sleep and think about problems later";
- "Religion -- utilizing energies after work in behaviors/activities associated with my faith";
- listen to music;
- go shopping;
- cry;
- talk aloud to one's self;
- chew fingernails;
- seek professional help;
- have friends from outside the work setting;
- take a vacation;
- "Baking ... preparing a special dish"; and,
- "Treat myself to a manicure or a bouquet of fresh flowers".

It is apparent from this list that, while the added items tend to relate to items in the questionnaire, the original items were not perceived by a few respondents as completely describing their particular coping behaviors.

GENERAL PERCEPTIONS

The final section of the questionnaire posed three questions of general perceptions. The section attempted to determine overall perceptions of job satisfaction, work-related stress, and coping effectiveness. One member of the study group did not reply to these last three questions, therefore there are 50 responses for this section.

Job Satisfaction

Job satisfaction was defined as an overall statement of satisfaction and happiness with the work situation. The study group was requested to respond to the question, "In general, how satisfied are you with your position as a nurse educator?" Respondents were to rate their perceptions of job satisfaction on a six point scale. The scale range was "highly dissatisfied" (rate 1); "moderately dissatisfied" (rate 2); "slightly dissatisfied" (rate 3); "slightly satisfied" (rate 4); "moderately satisfied" (rate 5); and, "highly satisfied" (rate 6). The responses of the study group are presented in Table 6.

TABLE 6

SATISFACTION WITH POSITION: GENERAL PERCEPTIONS

Overall Satisfaction	Frequency (N=50)	Percentage Frequency
Slightly dissatisfied	2	4
Slightly satisfied	7	14
Moderately satisfied	26	52
Highly satisfied	15	30

Mean = 5.08

None of the study group responded either "highly" or "moderately" dissatisfied. Four percent of the respondents were "slightly dissatisfied," while 82 percent considered themselves either "moderately" or "highly" satisfied with their work situation. The mean of general job satisfaction was 5.08.

Work Related Stress

The study group were asked to respond to the question, "In general, how stressful do you find the role of nurse educator?" A five point scale was provided for responses. The scale ranged from "not stressful" (rate 1), to "extremely stressful" (rate 5).

None of the respondents considered the role of the nurse educator to be without stress, while 4 percent indicated the role to be "extremely stressful". Seventy-six percent of the respondents considered the role of the nurse educator either "moderately" or "very" stressful. The mean score of the responses to general stress was 3.20. This information is presented in Table 7.

Coping Effectiveness

The final question the nurse educators in the study group were asked to consider related to overall coping effectiveness. The question, "In general, how successful are you in dealing with stress?" also provided a five point scale for responses. The scale ranged from "not successful" (rate 1), to "extremely successful" (rate 5).

All nurse educators considered themselves successful, to some degree, in dealing with stress. One individual responded "extremely successful" to the question. The majority considered themselves to be moderately

TABLE 7

WORK-RELATED STRESS: GENERAL PERCEPTIONS

Overall Work-Related Stress	Frequency (N=50)	Percentage Distribution
Mildly stressful	10	20
Moderately stressful	22	44
Very stressful	16	32
Extremely stressful	2	4

Mean = 3.20

successful, with a response mean of 3.20. Table 8 summarizes this information.

Relationships Between General Perceptions

A Pearson correlation was used to determine if a relationship existed between general perceptions of job satisfaction, work-related stress, and coping effectiveness. The results are portrayed in Table 9.

The only statistically significant relationship is between general perceptions of job satisfaction and of coping effectiveness. The analysis confirms the conclusion that would be reached by logical consideration: A positive relationship exists between general perceptions of job satisfaction and coping effectiveness. That is, the more effectively one deals with work-related stress, the more satisfaction is experienced in the work situation.

TABLE 8

COPING EFFECTIVENESS: GENERAL PERCEPTIONS

Overall Success	Frequency (N=50)	Percentage Frequency
Mildly successful	6	12
Moderately successful	29	58
Very successful	14	28
Extremely successful	1	2

Mean = 3.20

TABLE 9

GENERAL SATISFACTION, STRESS AND COPING EFFECTIVENESS: CORRELATIONS

	Satisfaction	Stress	Coping Effectiveness
Satisfaction	--	-.253	.360
		(p=.076)	(p=.010)
Stress	--	--	-.188
			(p=.190)
Coping Effectiveness	--	--	-

General Perceptions and Nurse Educator Characteristics

Further parametric testing was performed to determine what nurse educator characteristics are associated with job satisfaction, work-related stress, and coping effectiveness. Tables 10 and 11 present the significant T-test results, and Table 12 provides the relevant analysis of variance.

Although perceptions of general satisfaction with the position of nurse educator were relatively high, some interesting information was elicited. Those nurse educators with little or no teaching experience prior to their present employment expressed greater satisfaction with their position than did their colleagues with more prior teaching experience (Table 10). The level at which the instructor was primarily employed also related to perceptions of general satisfaction. Those nurse educators employed at 100/200 Level indicated higher levels of job satisfaction than those at 300/400 Level (Table 11).

TABLE 10

RELATIONSHIP BETWEEN TEACHING EXPERIENCE PRIOR TO PRESENT EMPLOYMENT AND SATISFACTION WITH POSITION

Prior Teaching Experience	N	Mean Satisfaction	T	p
0 - 12 months	28	5.3		
more than 1 year	22	4.8	2.09	.04

TABLE 11

RELATIONSHIP BETWEEN LEVEL AT WHICH EMPLOYED AND SATISFACTION WITH POSITION

Level	N	Mean Satisfaction	T	p
100/200	17	5.5		
300/400	30	4.8	3.36	.002

A particularly intriguing influence on general perceptions of job satisfaction is identified in Table 12. Although some of the variance may be accounted for by the size of the groups, it appears that satisfaction is inversely related to the amount of time spent in clinical teaching activities. Those nurse educators (N = 6) spending less than 20 percent of their time in this manner reported higher general satisfaction (mean 5.7) than did their colleagues (N = 30, satisfaction mean 4.8) who spent more than 60 percent of their usual work week in clinical teaching activities.

No statistically significant differences were identified by analysis of general perceptions of stressfulness of the role of nurse educator and of success in coping with stress, in relationship to the nurse educator characteristics.

TABLE 12

RELATIONSHIP BETWEEN TIME IN CLINICAL TEACHING ACTIVITIES AND SATISFACTION WITH POSITION

Group	% Time in Clinical Teaching	N	Mean Satisfaction	F	p	Significantly Different Groups *
1.	0 - 59	6	5.7			
2.	20 - 59	13	5.4	4.77	.01	1 - 3
3.	60 - 100	30	4.8			2 - 3

Scheffe: p=<0.1

Summary

The perceptions of frequency of occurrence and of stressfulness of the work-related situations vary considerably. Work-related situations that occurred most frequently, such as performing duties with interruptions, completing anecdotal notes, and other paperwork, were generally considered only mildly stressful. Situations that were moderately to very stressful, such as recommending a student withdraw from the program or experiencing inadequate support from, or interpersonal conflict with, superiors, occurred on average no more than one to three times each year. Yet in general there is no relationship between frequency and stressfulness.

The spread of responses was also wide for perceptions of the specified coping behaviors. In this instance there was a statistically significant

relationship in the rank orders of items for frequency of use and effectiveness. Frequently used coping behaviors like, "Try to maintain a positive attitude"; "Seek additional information about the situation before making a decision"; and, "Participate in physical activities to reduce tension" were also considered to be moderately to very effective.

The average responses to the questions of general perceptions indicate an overall feeling of moderate job satisfaction and moderate work-related stress, and of being moderately effective in dealing with that stress. Analysis confirmed the logical conclusion that, the more effectively the individual deals with work-related stress, the more job satisfaction is experienced.

General perceptions of job satisfaction related to certain characteristics of the study group. Respondents who had less than one year teaching experience prior to present employment expressed higher levels of job satisfaction than their colleagues with more teaching experience outside this institution. Respondents employed at 100/200 Level expressed higher levels of job satisfaction than those employed at 300/400 Level. Those respondents who spent less than fifty-nine percent of their work week in clinical teaching activities reported higher levels of job satisfaction than did those with more clinical involvement.

The study group added extensively to the lists of stressful work-related situations and of coping behaviors. Many of the added items expanded on situations or behaviors previously identified. A few of the added items corresponded quite directly with the identified

items. However, the specified situation or behavior was of such significance to the respondent that it was perceived as requiring reiteration or expansion.

CHAPTER 5

SUMMARY, CONCLUSIONS AND IMPLICATIONS

SUMMARY

Little research has been conducted that has focused upon the work-related stress and coping behaviors of nurse educators in diploma programs. The identification and effective management of such stress is significant for those involved in nursing education.

This study was designed to provide information concerning the work-related stress, and the coping behaviors used to deal with that stress, as experienced by nurse educators in a hospital-based diploma program in nursing. It sought to identify the frequency of occurrence and stressfulness of specific situations, the frequency of use and effectiveness of certain coping behaviors; and to identify the degree of job satisfaction, general work-related stress, and effectiveness in coping with that stress, as perceived by the study population.

A questionnaire, based on that used by Jankovic in his 1983 study, was developed to investigate the experiences and opinions of nurse educators. The questionnaire had four sections: demographic information; situations to be described in terms of frequency of occurrence and stressfulness; coping behaviors to be described in terms of frequency of use and effectiveness; and, general perceptions of job satisfaction, work-related stress, and coping effectiveness. The nurse educators were also asked to list situations they had experienced and coping behaviors they used that were not included in the questionnaire.

The study population consisted of the fifty-one instructors who completed the questionnaire out of the fifty-seven full and part-time instructors to whom the questionnaire was circulated, in a hospital diploma program of nursing.

Frequency and percentage distributions, correlations and analysis of variance techniques were utilized to summarize the responses to the questions. The additional situations and coping behaviors were categorized and summarized.

CONCLUSIONS

The conclusions reached by the study relate to the research questions provided in Chapter 1. The analysis of the data, described in Chapter 4, revealed information pertaining to those eleven questions. The findings and conclusions to those questions are discussed in this section.

Work-Related Stress

The wide spread of the responses to questions of frequency of occurrence and to the stressfulness of the specified work-related situations indicate highly individual experiences. While the mean of 75 percent of the situations corresponds to a frequency of less than one to three times each month, 60 percent of the situations were experienced from one to three times each day by some of the respondents. None of the mean scores of stressfulness of the situation reached four on the five point scale. Four would indicate that the situations were generally considered to be "very stressful". However, 83 percent of the situations had been rated five, or "highly stressful", by some of the respondents.

The situations considered most frequent in occurrence were:

- Performing duties with interruptions;
- Completing anecdotal notes
- Marking ... and other paperwork; and,
- Working with a student ... deficient in nursing theory.

For those who had experienced the situations, the highest ranking items in terms of stressfulness were:

- Recommending that a student be required to withdraw from the program;
- Experiencing an inadequate level of advice or support from immediate superior;
- Experiencing interpersonal conflict with your immediate superior; and,
- Being unable to complete tasks to your satisfaction.

Nine of the ten highest ranking situations in frequency of occurrence deal with aspects of role overload. Only two of these situations are among the top ten for stressfulness. These two situations are:

- "Being unable to complete tasks to your satisfaction"; and,
- "Contending with time pressures to complete tasks ... by the required time".

Role conflict is the dominant underlying theme in the items that are ranked highly for stressfulness. The stress is often the result of conflict between the educational and the nursing aspects of the role.

Table 3 (p. 56) displays the frequency and stress ratings of the most frequent and most stressful situations. The highest stress rank of the four most frequently occurring situations is twenty-nine. The highest frequency rank of the four most stressful situations is ten. There is no statistically significant relationship between frequency and stressfulness.

The study group also contributed forty-five situations that they considered stressful. Almost half of the additional situations focused upon specific aspects of classroom or clinical teaching situations. Others related to concerns of evaluation/feedback, expectations, communication, and the work environment. A number of these situations either corresponded with or expanded upon items in the questionnaire. However the situation was of sufficient importance to the respondent that such emphasis or expansion was considered necessary.

Coping Behaviors

There was also a wide spread in the responses to the questions of frequency of use and effectiveness of the specified coping behaviors. Eleven percent of the behaviors had been utilized to some degree of frequency by all of the study group. Sixty percent of the behaviors varied in frequency from "never" to "1 to 3 times/day." The effectiveness ratings for 63 percent of the coping behaviors ranged between the extremes of "not effective" and "highly effective." Seventeen percent of the coping behaviors were considered effective to some degree.

The frequency mean for the majority of the behaviors indicated relatively rare usage, however 71 percent of the behaviors were used

at least daily by some members of the study group. The effectiveness mean for 57 percent of the coping behaviors were below three, or "moderately effective." Eighty percent of the behaviors had been considered highly effective by some of the respondents.

The coping behaviors used most frequently were:

- Try to maintain a positive attitude;
- Seek additional information ... before making the decision;
- Participate in physical activities to reduce tension; and,
- Reduce tension by using humor.

The coping behaviors considered most effective by those who had utilized them were:

- Make a concerted effort to enjoy yourself with some pleasurable activity after work.
- Participate in physical activities to reduce tension.
- Try to maintain a positive attitude; and,
- Consider a range of plans, then choose among the options.

Other coping behaviors highly ranked in frequency of use and effectiveness are provided in Table 5 (p. 68).

The coping behaviors that are highly ranked for both frequency of use and for effectiveness are equally divided in their nature. Half are direct-action coping techniques because they attempt to deal with the source of the stress. The other half are palliative forms of coping in that their intent is to reduce the stress or the potential for stress.

Correlation analysis determined that a relationship exists between the frequency of use and the effectiveness of the coping behaviors.

That is, the more effective the behavior is perceived to be, the more frequently it was used.

The study group provided twenty-one additional coping behaviors that they used. Thirteen of the additional items correspond to Lazarus' (1974:330) description of palliative behaviors. Such behaviors are "focused on possible ways of reducing the affective, visceral or motor disturbances" which are stress induced. The remaining eight additional behaviors are intended to change or eliminate the actual source of stress. These responses are termed direct-action behaviors by Lazaurs (1974). Again, many of the additional behaviors corresponded with or enlarged upon behaviors that were included in the questionnaire.

General Perceptions

The first question relating to general perceptions sought to determine the respondents' overall satisfaction with the position of nurse educator. The mean response to the question indicates that a moderate degree of satisfaction is experienced. Only 4 percent of the respondents indicate that they are less than "slightly satisfied."

The intent of the next question was to reveal the study group's perception of overall work-related stress. Four percent of the respondents consider the position "highly" stressful, while 76 percent consider it to be either "moderately" or "very" stressful.

The third question relating to general perceptions sought to determine overall coping effectiveness. All of the respondents consider themselves successful to some degree. While 30 percent consider

themselves either "very" or "extremely" successful in dealing with stress, only 12 percent consider themselves "mildly" successful. This information is detailed in Table 8 (p. 76).

A quantifiable relationship exists between job satisfaction and coping effectiveness. The more effectively the respondent deals with work-related stress the greater the experience of job satisfaction.

General perceptions and nurse educator characteristics. Of the three general perceptions (job satisfaction, work-related stress, and coping effectiveness), only job satisfaction has a satistically significant relationship to any of the demographic information identified in the study group. Nurse educators with little or no prior teaching experience expressed greater satisfaction with their position than did their colleagues with more teaching experience. Nurse educators employed at 100/200 Level indicated greater job satisfaction than those at 300/400 Level. And finally, nurse educators spending less than 59 percent of their time in clinical teaching activities experienced significantly increased levels of job satisfaction compared to those nurse educators whose clinical teaching activities occupy more of their usual work week. This information is detailed in Tables 10, 11 and 12 (pp. 77, 78 and 79).

Summary

The following statements are based on the findings of this study, and are consistent with the relevant literature.

1. Nurse educators experience stressful situations in a highly individual manner.

2. The most frequently occurring and the most stressful situations primarily involve aspects of role overload and of role conflict. This is reflected in the literature.
3. The nature of the specific situations identified as most stressful to the study group, concurs with the situations identified in the literature. Certain situations may be less stressful for nurse educators in diploma programs.
4. The nurse educators in the study group perceive their role as moderately to very stressful.
5. Nurse educators cope with stress in a highly individual manner.
6. Coping behaviors that are considered effective are used more often.
7. The coping behaviors that are both used frequently and considered effective, are evenly distributed between behaviors that deal with the source of the stress and those that reduce or control the stress reaction.
8. Nurse educators are generally successful in dealing with work-related stress.
9. Nurse educators experience a moderate degree of job-satisfaction.
10. Some of the demographic information elicited in this study relates to job satisfaction. It does not relate to work-related stress or coping effectiveness.
11. The study failed to confirm the inverse relationship between job satisfaction and work-related stress identified in the literature.

IMPLICATIONS

The identification of work-related situations that are stressful for nurse educators, and of the behaviors that are effective in dealing with stress, has implications for all those involved in nursing education. The responsibility for altering situations or changing behaviors is not solely that of the nurse educator. The implications of the study are for the consideration of those in administration in the diploma program, as well as the faculty of that program. Although the major findings are consistent with the literature, the need for further study is recognized. The limitations of the study are also recognized, and with that acknowledged the following implications are provided.

Analysis of the work-related situations experienced by nurse educators indicates that role conflict and role overload items are most stressful. Resolution of the role conflict aspects may be achieved through orientation and inservice education programs. These programs could assist the nurse educator to identify areas of potential conflict and to develop strategies to deal with that conflict. Participation of experienced faculty and administration in the programs may provide the nurse educator with role models or resource persons to assist in policy interpretation, and to provide clarification of educational and nursing roles.

Orientation and inservice programs could also be designed to address the concerns of role overload. Assisting the nurse educator to develop organizational skills and providing adequate orientation to the available resources should resolve some areas of the problem.

Faculty and level meetings that provide for the nurse educator's input into decisions regarding division of the workload would also enhance problem resolution.

One implication of role overload that relates to program administration is the allocation of staff. It may be feasible to increase staff to reduce the negative effects of role overload on the nurse educators.

Two situations relating to interaction with immediate superiors were in the three most stressful situations identified by the study group. Orientation programs providing clarification of role expectations and lines of communication within the organization would reduce the occurrence of such stressful situations. Because roles are not static within any organization, annual review of role expectations and discussion that involves and informs the nurse educator group is essential. Such review should include any changes in the evaluation and the formal or informal reward system within the organization.

Many of the stressful situations that were added by the study group dealt with specific concerns in clinical and classroom teaching. Inservice education programs could be designed to address these concerns. Faculty resource persons should regularly survey the nurse educator group to identify faculty learning needs and to plan with the nurse educators to meet those needs.

Analysis of the coping behaviors used by nurse educators in the study group also has implications for both the administration and nurse educators in the diploma program. Maintenance of a positive

attitude was a frequently used and effective behavior. Positive attitudes may be enhanced by recognition of the achievements and contributions of others.

Another behavior that was both frequently used and effective was participation in physical exercise. Outlets for physical energy should be provided by the School. Such outlets could include devices as simple as a ping pong table in the faculty lounge. Facilities for aerobics and weight training could be made available. Organization of team sports with hospital or university departments could be promoted. The access of the faculty of the diploma school to the sports programs and facilities of the university should be investigated.

A wide variety of coping behaviors were utilized by the study group, who considered themselves effective in dealing with stress. The behaviors were identified in the questionnaire and in the items added by the respondents. An implication is that the effective use of numerous coping behaviors is necessary in dealing with the various stresses associated with the role of nurse educator.

Finally, the nurse educator who has learned to cope effectively with stressful situations in the workplace experiences more job satisfaction. The implication of this is that nurse educators with such enhanced job satisfaction should then be in a better position to assist colleagues and students in stress management.

Implications for Research

There are no studies identified in the survey of the literature that have addressed the work-related stress and coping behaviors of nurse educators in diploma programs.

This study begins to explore those concerns. The need for further research is evident. With this in mind, the following recommendations are made.

1. Role conflict and role overload situations were identified as major stressors by the study group. Further research to identify specific concerns could provide the basis of orientation and inservice programs.
2. Only thirteen of the forty-seven situations had mean scores that identified them as at least moderately stressful. Research that further delineates stressful situations for nurse educators is necessary.
3. Comparative studies of student/instructor ratios in a number of diploma programs could provide justification for increasing staff.
4. This study failed to confirm the inverse relationship between work-related stress and job satisfaction identified in the literature. It could be speculated that the extensive clinical experience of the study group provides them with a comparison of their present position to one that was more stressful or less satisfying. Further research is needed in this area.
5. This study could be repeated using other populations of nurse educators so that generalizations could be substantiated.
6. The attrition and turn-over rates of nurse educators and their relationship to stress, coping and job satisfaction should be investigated.

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APPENDIX A

Dear Colleague:

The enclosed questionnaire was administered to faculty at the February 23rd faculty meeting. Because you were not present at that time, I am asking you to participate in my study now. The letter attached to the questionnaire outlines the purpose of the study.

The overall definition of stress that is the basis of the questionnaire is:

> the experience of a whole range and mixture of unpleasant sensations: predominantly tension, anxiety, depression, frustration, and the feeling of being emotionally drained resulting from pressures or overburdening demands.

The questionnaire will take approximately 45 minutes to complete. Please return it in the enclosed envelope to my box in the Residence Faculty mail room by March 9th, 1984.

The results of the study will be shared with faculty if they wish.

Thank you for your time and interest.

Yours sincerely,

Audrie Sands
Graduate Student
Department of Educational Administration

11720 University Avenue
Edmonton, Alberta
T6G 1Z5

February 15, 1984

Dear Nurse Educator:

The purpose of this study is to identify work-related stress-producing situations for nurse educators, and the coping behaviors used to reduce these stresses. It is anticipated that analysis of the data will enhance stress awareness and stress management for nurse educators and for administrators of nursing education programs. It will further provide a realistic basis for stress education programs.

It is felt that an intense study of a specific group of nurse educators would provide greater understanding of stress. To meet this objective, Dr. Lewchuk has given permission for this study to be carried out. A high rate of return is essential to the validity of my study. Complete anonymity and confidentiality of responses will be maintained. Data will be reported in a group form.

Thank you for your cooperation in assisting me with this study.

Sincerely,

Audrie Sands, R.N., B.S.N.
Graduate Student
Department of Educational Administration

SECTION A: Demographic Information

Please circle the appropriate response.

1. Employment status: Full-Time--------- 1
   Part-Time--------- 2

2. Basic nursing education:
   Hospital Diploma Program --------- 1
   College Diploma Program ---------- 2
   Baccalaureate Degree ------------ 3

3. Highest educational attainment:
   R.N. ---------- 1
   B.S.N. ---------- 2
   post-graduate coursework --------- 3
   M.N.; other Masters degree ------- 4

4. Experience in nursing other than in an educational capacity (include general duty, administrative positions, public health, etc.):
   0 months ---------- 1
   1-12 months ---------- 2
   13-23 months ---------- 3
   2-3 years ---------- 4
   4-5 years ---------- 5
   6 or more years ---------- 6

5. Experience as a nurse educator prior to present place of employment:
   0 months ---------- 1
   1-12 months ---------- 2
   13-23 months ---------- 3
   2-3 years ---------- 4
   4-5 years ---------- 5
   6 or more years ---------- 6

6. Length of time employed at UAH School of Nursing (count present year as one complete year):
   1 year ---------- 1
   2 years ---------- 2
   3 years ---------- 3
   4 years ---------- 4
   5 years ---------- 5
   6 or more years ---------- 6

7. Level at which you are primarily employed:
   100/200 ---------- 1
   300/400 ---------- 2

8. What was your age on January 1, 1984?
   under 30 ---------- 1
   30-39 ---------- 2
   40-49 ---------- 3
   over 50 ---------- 4

9. Percentage of usual work week spent in clinical teaching activities (i.e. during students clinical posting, the time spent in direct clinical supervision, pre- and post-conferences, preparation of student learning experience, etc.):
   Work part-time, unable to estimate---- 0
   None ---------- 1
   1-19% ---------- 2
   20-39% ---------- 3
   40-59% ---------- 4
   60-79% ---------- 5
   80-100% ---------- 6

SECTION B: Sources of Work-Related Stress

Work-related stress is the employee's affective response to the work situation.

For each work-related situation please indicate by circling the appropriate number:

(1) in Column A, how often the situation occurs in your work, and

(2) in Column B, how stressful the situation is when it occurs

COLUMN A: How often does this situation occur for you?						COLUMN B: How stressful is this situation for you?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	WORK-RELATED SITUATION	NOT APPLICABLE	NOT STRESSFUL	MILDLY STRESSFUL	MODERATELY STRESSFUL	VERY STRESSFUL	EXTREMELY STRESSFUL
0	1	2	3	4	1. Working with a student whom you consider deficient in nursing theory.	0	1	2	3	4	5
0	1	2	3	4	2. Working with a student whom you consider deficient in nursing skills.	0	1	2	3	4	5
0	1	2	3	4	3. Presenting a student with a formal evaluation outlining unsatisfactory performance.	0	1	2	3	4	5
0	1	2	3	4	4. Recommending that a student repeat a portion of the program.	0	1	2	3	4	5
0	1	2	3	4	5. Recommending that a student be required to withdraw from the program.	0	1	2	3	4	5

COLUMN A: How often does this situation occur for you?						COLUMN B: How stressful is this situation for you?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	WORK-RELATED SITUATION	NOT APPLICABLE	NOT STRESSFUL	MILDLY STRESSFUL	MODERATELY STRESSFUL	VERY STRESSFUL	EXTREMELY STRESSFUL
0	1	2	3	4	6. Being the "person in the middle" between students/ school administration.	0	1	2	3	4	5
0	1	2	3	4	7. Being the "person in the middle" between school administration/nursing service.	0	1	2	3	4	5
0	1	2	3	4	8. Being the "person in the middle" between students/ nursing service.	0	1	2	3	4	5
0	1	2	3	4	9. Attempts of others to involve you in conflicts between hospital nursing administration and general duty nursing staff.	0	1	2	3	4	5
0	1	2	3	4	10. Conflicts between practices or policies of the School of Nursing and your professional beliefs.	0	1	2	3	4	5
0	1	2	3	4	11. Being involved in peer evaluation.	0	1	2	3	4	5
0	1	2	3	4	12. Attending Level meetings.	0	1	2	3	4	5
0	1	2	3	4	13. Attending Faculty meetings.	0	1	2	3	4	5
0	1	2	3	4	14. Attending Committee meetings.	0	1	2	3	4	5
0	1	2	3	4	15. Working with hospital personnel who are perceived to view nurse educators with suspicion and/or hostility.	0	1	2	3	4	5

COLUMN A: How often does this situation occur for you?						COLUMN B: How stressful is this situation for you?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	WORK-RELATED SITUATION	NOT APPLICABLE	NOT STRESSFUL	MILDLY STRESSFUL	MODERATELY STRESSFUL	VERY STRESSFUL	EXTREMELY STRESSFUL
0	1	2	3	4	16. Working with students who are perceived to view nurse educators with suspicion and/or hostility.	0	1	2	3	4	5
0	1	2	3	4	17. Experiencing an inadequate level of advice or support from immediate superior.	0	1	2	3	4	5
0	1	2	3	4	18. Experiencing interpersonal conflict with your immediate superior.	0	1	2	3	4	5
0	1	2	3	4	19. Experiencing a poor working relationship with peers at your level.	0	1	2	3	4	5
0	1	2	3	4	20. Experiencing a poor working relationship with peers at other levels.	0	1	2	3	4	5
0	1	2	3	4	21. Feeling pressure to upgrade your academic credentials.	0	1	2	3	4	5
0	1	2	3	4	22. Feeling inadequate in academic matters.	0	1	2	3	4	5
0	1	2	3	4	23. Feeling pressure to retain your clinical competency.	0	1	2	3	4	5
0	1	2	3	4	24. Feeling inadequate in clinical situations.	0	1	2	3	4	5
0	1	2	3	4	25. Feeling pressure to develop skills in teaching effectiveness.	0	1	2	3	4	5

COLUMN A: How often does this situation occur for you?						COLUMN B: How stressful is this situation for you?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	WORK-RELATED SITUATION	NOT APPLICABLE	NOT STRESSFUL	MILDLY STRESSFUL	MODERATELY STRESSFUL	VERY STRESSFUL	EXTREMELY STRESSFUL
0	1	2	3	4	26. Feeling inadequate in teaching effectiveness.	0	1	2	3	4	5
0	1	2	3	4	27. Being aware of the inconsistency of financial and fringe benefits in hospital diploma programs and other forms of nursing education.	0	1	2	3	4	5
0	1	2	3	4	28. Dealing with negative perceptions of hospital diploma programs of nursing education.	0	1	2	3	4	5
0	1	2	3	4	29. Dealing with negative stereotyping of a female dominated profession.	0	1	2	3	4	5
0	1	2	3	4	30. Involvement in planning curriculum revisions.	0	1	2	3	4	5
0	1	2	3	4	31. Implementing curriculum revisions.	0	1	2	3	4	5
0	1	2	3	4	32. Adjusting to the changing characteristics of today's nursing students.	0	1	2	3	4	5
0	1	2	3	4	33. Having unclear guidelines as to your legal responsibility as a nurse educator.	0	1	2	3	4	5
0	1	2	3	4	34. Having unclear guidelines as to your authority as a nurse educator.	0	1	2	3	4	5

COLUMN A: How often does this situation occur for you?						COLUMN B: How stressful is this situation for you?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	WORK-RELATED SITUATION	NOT APPLICABLE	NOT STRESSFUL	MILDLY STRESSFUL	MODERATELY STRESSFUL	VERY STRESSFUL	EXTREMELY STRESSFUL
0	1	2	3	4	35. Performing your role with limited recognition or feedback.	0	1	2	3	4	5
0	1	2	3	4	36. Being critized for actions you have taken in the course of your duties.	0	1	2	3	4	5
0	1	2	3	4	37. Having to implement school policies without having adequate opportunity to provide input into policy formualtion.	0	1	2	3	4	5
0	1	2	3	4	38. Making decisions in the absence of clear school guidelines.	0	1	2	3	4	5
0	1	2	3	4	39. Contending with the unrealistic expectations of students.	0	1	2	3	4	5
0	1	2	3	4	40. Contending with the unrealistic expectations of school administration.	0	1	2	3	4	5
0	1	2	3	4	41. Contending with the unrealistic expectations of hospital nursing service.	0	1	2	3	4	5
0	1	2	3	4	42. Completing anecdotal notes.	0	1	2	3	4	5
0	1	2	3	4	43. Marking, completing forms, questionnaires and other paperwork.	0	1	2	3	4	5
0	1	2	3	4	44. Performing duties with interruptions (e.g. telephone, beeper, peers, students, etc.)	0	1	2	3	4	5

COLUMN A: How often does this situation occur for you?						COLUMN B: How stressful is this situation for you?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	WORK-RELATED SITUATION	NOT APPLICABLE	NOT STRESSFUL	MILDLY STRESSFUL	MODERATELY STRESSFUL	VERY STRESSFUL	EXTREMELY STRESSFUL
0	1	2	3	4	45. Missing scheduled lunch and/ or coffee breaks.	0	1	2	3	4	5
0	1	2	3	4	46. Being unable to complete tasks to your satisfaction.	0	1	2	3	4	5
0	1	2	3	4	47. Contending with time pressures to complete tasks (e.g. class preparation, student evaluations) by the required date.	0	1	2	3	4	5
					Are there any other work situations which you consider stressful? Please list:						

SECTION C: Coping Behaviors used to deal with Work-Related Stress

Coping behaviors are those actions intended to reduce a stressful experience.

For each listed coping behavior indicate by circling the appropriate number:

(1) in Column A, how often you have used the coping behavior for dealing with stress;
(2) in Column B, if you have used the listed behavior, how effective have you found the behavior in helping you cope with the stress associated with your work.

COLUMN A: How often have you used this behavior in coping with work-related stress?						COPING BEHAVIORS	COLUMN B: How effective have you found this behavior in coping with work-related stress?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY			NOT APPLICABLE	NOT EFFECTIVE	SLIGHTLY EFFECTIVE	MODERATELY EFFECTIVE	VERY EFFECTIVE	HIGHLY EFFECTIVE
0	1	2	3	4	1.	Make quick decisions to save time and avoid becoming preoccupied with any one troublesome issue.	0	1	2	3	4	5
0	1	2	3	4	2.	Seek additional information about the situation before making the decision.	0	1	2	3	4	5
0	1	2	3	4	3.	Consider a range of plans, then choose among the options.	0	1	2	3	4	5

COLUMN A: How often have you used this behavior in coping with work-related stress?						COLUMN B: How effective have you found this behavior in coping with work-related stress?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	COPING BEHAVIORS	NOT APPLICABLE	NOT EFFECTIVE	SLIGHTLY EFFECTIVE	MODERATELY EFFECTIVE	VERY EFFECTIVE	HIGHLY EFFECTIVE
0	1	2	3	4	4. Make every effort to be polite and prevent confrontations.	0	1	2	3	4	5
0	1	2	3	4	5. Reduce tension by using humour.	0	1	2	3	4	5
0	1	2	3	4	6. Take a break, then come back to the problem later.	0	1	2	3	4	5
0	1	2	3	4	7. Set aside a period of the day when you will not be interrupted.	0	1	2	3	4	5
0	1	2	3	4	8. Work harder and/or longer hours to get on top of stressful work demands.	0	1	2	3	4	5
0	1	2	3	4	9. Reduce tension by smoking.	0	1	2	3	4	5
0	1	2	3	4	10. Make a concerted effort to enjoy yourself with some pleasurable activity after work.	0	1	2	3	4	5
0	1	2	3	4	11. Ignore stressful problems because most problems solve themselves in time.	0	1	2	3	4	5
0	1	2	3	4	12. Use relaxation techniques such as meditation, yoga, self-hypnosis and biofeedback.	0	1	2	3	4	5
0	1	2	3	4	13. Recall past experiences to see how you dealt with similar situations.	0	1	2	3	4	5

COLUMN A: How often have you used this behavior in coping with work-related stress?						COLUMN B: How effective have you found this behavior in coping with work-related stress?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	COPING BEHAVIORS	NOT APPLICABLE	NOT EFFECTIVE	SLIGHTLY EFFECTIVE	MODERATELY EFFECTIVE	VERY EFFECTIVE	HIGHLY EFFECTIVE
0	1	2	3	4	14. Repeat the situation in your mind, seeking different solutions.	0	1	2	3	4	5
0	1	2	3	4	15. Seek advice and support from your Level Coordinator.	0	1	2	3	4	5
0	1	2	3	4	16. Seek advice and support from peeres from within your level.	0	1	2	3	4	5
0	1	2	3	4	17. Seek advice and support from peers at other levels or in resource positions.	0	1	2	3	4	5
0	1	2	3	4	18. Seek feedback from students regarding their perceptions of your problems.	0	1	2	3	4	5
0	1	2	3	4	19. Reduce tension by eating more.	0	1	2	3	4	5
0	1	2	3	4	20. Keep working on the stressful problem, no matter how long, until it is resolved to your satisfaction.	0	1	2	3	4	5
0	1	2	3	4	21. Discuss stressful problems with your spouse or a friend who is not involved in the workplace.	0	1	2	3	4	5
0	1	2	3	4	22. Avoid situations you know you find stressful.	0	1	2	3	4	5
0	1	2	3	4	23. Try to maintain a positive attitude.	0	1	2	3	4	5

COLUMN A: How often have you used this behavior in coping with work-related stress?						COLUMN B: How effective have you found this behavior in coping with work-related stress?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	COPING BEHAVIORS	NOT APPLICABLE	NOT EFFECTIVE	SLIGHTLY EFFECTIVE	MODERATELY EFFECTIVE	VERY EFFECTIVE	HIGHLY EFFECTIVE
0	1	2	3	4	24. Use the School's rule and procedures as a buffer against nursing service or students.	0	1	2	3	4	5
0	1	2	3	4	25. Reduce tension by drinking alcohol.	0	1	2	3	4	5
0	1	2	3	4	26. Spend more time in the clinical areas.	0	1	2	3	4	5
0	1	2	3	4	27. Participate in physical activities to reduce tension.	0	1	2	3	4	5
0	1	2	3	4	28. Address the source of stress immediately and directly.	0	1	2	3	4	5
0	1	2	3	4	29. Let people know without a doubt when you will not listen to requests or demands that you cannot fulfill.	0	1	2	3	4	5
0	1	2	3	4	30. Attend workshops, inservice programs, etc. to keep abreast of current trends in nursing.	0	1	2	3	4	5
0	1	2	3	4	31. Work general duty to maintain your clinical competencies.	0	1	2	3	4	5
0	1	2	3	4	32. Use flexible hours of work to reduce your stress.	0	1	2	3	4	5

COLUMN A: How often have you used this behavior in coping with work-related stress?						COLUMN B: How effective have you found this behavior in coping with work-related stress?					
NEVER	ABOUT 1-3 TIMES/YR	ABOUT 1-3 TIMES/MTH	ABOUT 1-3 TIMES/WK	ABOUT 1-3 TIMES/DAY	COPING BEHAVIORS	NOT APPLICABLE	NOT EFFECTIVE	SLIGHTLY EFFECTIVE	MODERATELY EFFECTIVE	VERY EFFECTIVE	HIGHLY EFFECTIVE
0	1	2	3	4	33. Reduce tension by taking a tranquilizer.	0	1	2	3	4	5
0	1	2	3	4	34. Consider resigning from your position in order to seek another position in nursing.	0	1	2	3	4	5
0	1	2	3	4	35. Consider resigning from your position in order to seek non-nursing employment.	0	1	2	3	4	5
					Are there any other coping behaviors you use? Please list:						

SECTION D: General Perceptions

Please circle the appropriate response.

Job satisfaction is an overall statement of satisfaction and happiness with the work situation.

1. In general, how satisfied are you with your position as a nurse educator?

   High satisfied ---------- 6
   Moderately satisfied ---------- 5
   Slightly satisfied---------- 4
   Slightly dissatisfied ---------- 3
   Moderately dissatisfied ---------- 2
   Highly dissatisfied ---------- 1

Work-related stress is the employee's affective response in the work situation.

2. In general, how stressful do you find the role of nurse educator?

   Extremely stressful ---------- 5
   Very stressful ---------- 4
   Moderately stressful ---------- 3
   Mildly stressful ---------- 2
   Not stressful ---------- 1

3. In general, how successful are you in dealing with stress?

   Extremely successful ---------- 5
   Very successful ---------- 4
   Moderately successful ---------- 3
   Mildly successful ---------- 2
   Not successful ---------- 1

Thank you for participating in this project.